MM 8729-1

Monroe Farm 1418-25 Hoff

No. 882
1555 E9

8331

Right half of uterus with ovary and fallopian tubes; a cyst 3/4 inch in diameter in the anterior face of the broad ligament; peritonitis adhesions connecting the ovary with the uterus and fallopian tubes.

Note. The old Nos are in Black the new in Red.

Margaret Dorsey, age 30. Admitted to Freedman's hospital April 24th. 1867, delirious and extremely feble. Died May 14th.

Autopsy three hours after death; African; weight, 99 pounds; height, 5 feet 3 1/2 inches; commencing rigor mortis in lower limbs and right arm; brain normal; a few old pleuritic adhesions; small patch of lymph on right ventricle of heart; womb large, its neck ulcerated, cyst in right broad ligament as described.

Contributed by Assistant Surgeon E. Bentley, U.S. Army, Washington, D. C.

(R. A. M. M. May 13th. 1867)

No. 883
6453 P1

8332

Portion of ileum with slightly hypertrophied villi and pin-head enlargement of solitary follicles; Peyer's patch distinct.

Thomas Caffin, quartermaster's employee, age 25. Admitted to hospital June 18th. 1867 with diarrhoea, which yielded readily to pills of camphor, capsicum and opium; 22nd. symptoms of cholera appeared, cramps setting in at 11 A. M. Died 1 P. M. in collapse. Treatment, sinapisms, hot pediluvia, aromatic spirits of ammonia and Hoffman's anodyne in twenty drop doses, chloroform one drachm internally, toddy every half hour.

Autopsy eighteen hours after death; rigor mortis well-marked; height, 5 feet 7 inches; weight 130 pounds; upper portion of small intestine congested; contents of intestine a whey-like fluid devoid of fecular characteristics; liver small and friable; kidneys congested.

(R. A. M. M. July 3rd 1867)

Contributed by Surgeon B. J. D. Irwin, U. S. Army
Fort Riley Kansas.

N.B. See Special Cholera Report of June 20th. 1867 of Dr. Irwin.

No. 8814 G555 E10 8333 Foetus and membranes aborted at third month.
Mrs. L—, white, age 26, married six years, had one healthy child. Aborted June 3rd. 1867, provided on May 30th. by a severe fright and hemorrhage, but she had had pain with occasional hemorrhage for six weeks previously. Placenta removed in fragments.
Patient recovered.
Contributed by Dr. D. S. Lamb, Washington, D. C.
(R. A. M. M. June 3rd. 1867.)

No. 8815 4595 E5 8334 Nodulated fibrous tumor of uterus, weight 1¼ pounds.
Anna Robinson, age 15. Died August 18th. 1867 of phthisis at Freedman's hospital.
Autopsy six hours after death: no rigor mortis; height, 4 feet 9 inches; weight 57 pounds; great emaciation; large vomicae in upper lobes of both lungs, tubercular consolidation and vomicae in lower lobe of left and middle lobe of right lungs; strong pleuritic adhesions on right side, slight on left; liver fatty; uterus as described.
Contributed by Assistant Surgeon E. Bentley, U. S. Army, Washington, D. C.
(R. A. M. M. August 19th. 1867.)

No. 886 1495 F9 8335 A number of fragments of biliary calculi, the largest three fourths of an inch in long diameter, passed by stool by a woman 52 years of age after [illegible] severe at-

tack of hepatic ~~cholera~~ colic. The woman after a lapse of several years had had no return of the attack. Composed chiefly of cholesterine.
Contributed by Dr. R. K. Stone, Washington, D. C.
(R. A. M. M. October 22nd. 1867).

No. 887 1,4 S3 F14 8336 Portion of ileum, showing a cicatrized Peyer's patch, surrounded by puckered and radiating valvulae conniventes; on the peritoneal surface opposite the cicatrix are a number of small tubercles.
No history.

No. 888 1495 I8 8337 Two gall-bladders mounted dry, each distended with numerous small cholestirine calculi with polygonal facets.
Contributed by Medical Faculty of Columbian College, Washington, D. C.
(R. A. M. M. Oct. 14th. 1867).

No. 889 1,3 S9 F1 See Microscopical Sections, Nos. 2270 to 2277, 2378 to 2388, 2751 to 2759. 8338 Acc 26879 Epithelioma involving the epiglottis, posterior portions of tongue and rima glottidis, the nodulated apex of the tumor projecting into the larynx.
History (Acting Assistant Surgeon Geo. P. Hanaforth)
Frederick Aemus, discharged soldier, age 63, German.
Admitted, January 12th. 1867, with sore mouth and throat of four months standing. Was somewhat anaemic and emaciated and had partial aphonia; cervical glands on left side slightly enlarged and hardened; expectoration daily of about a pint of frothy tenacious mucus, occasionally streaked with blood; bowels habitually constipated after the sore throat was notic-

ed. May 1st., decided dyspnoea with loud bronchial
râles; sputa increased in quantity, darker and often
contained shreds of what appeared to be detached
membrane. 26th. hemorrhage of three pints from throat,
commencing at 8 P.M. and subsiding at 11 P.M., leaving the
patient greatly exhausted, from which condition he rallied
slowly with decided relief from the dyspnoea. July 1st, no
improvement; general health not so good as before the
hemorrhage; appetite poor; aphonia almost complete with
frequent spasms of stridulous cough; expectoration muco-pu-
ulent, at times streaked with blood and of offensive odor;
complexion waxy. August 1st., appetite somewhat better; patient
seemed stronger but dyspnoea and expectoration increasing; for
the first time he complained of excessive pain in region of
larynx shooting into the breast; slept only in a sitting pos-
ture and during sleep, the respiration was slow, loud and
sonorous. September 15th, appetite and strength failing; alarm-
ing fits of coughing at times leaving him very much exhaust-
ed. 30th, hemorrhage in the evening of about four ounces, pro-
ducing great prostration. October 1st. convulsion at 1 P.M.
lasting half an hours; died at 2 h. 30 m. of apnoea.

Museum No. 2279 to 2287

Contributed by Assistant Surgeon W. Thomson
Washington Post Hospital.
(R. A. M. M. Oct. 2nd. 1867.)

No. 890 4251 Dlc

Hypertrophied and dilated heart, weight 23 oz; aortic
valves thickened, one of them presenting an irregular fibri-
ous vegetation an inch in length; the other valves especially
the mitral, thickened; pulmonary valves incompetent, permit-
ting regurgitation.

8339

Real name George Burdsack, ~~no~~
Colored Steward William Schultze, age 45, Germany, married, of
intemperate habits. Taken
under treatment February 14th. 1867 for disease of the heart,
from which he had been suffering for some time; the symp-
toms had been attacks of dyspnoea and palpitations, recurring
at shorter and shorter intervals, accompanied frequently by
profuse epistaxis with temporary relief; he had also suffered

with rheumatic pains especially in the upper extremities. Symp-
toms when first seen: anxious countenance; circumscribed redness of
cheeks; nares incrusted with blood from a recent epistaxis; great dysp-
noea; tongue slightly furred; pulse 85 to 90, irregular and rather
full but soft; bowels loose; respiratory movements of chest diminish-
ed in extent; the cardiac impulse felt over an increased area;
increased area of cardiac dulness; first sound of the heart
prolonged and blowing, second sound shorter than normal,
and flapping or clicking; the sounds heard at a considerable
distance from the heart, but most distinctly at its base and
under the left clavicle. These symptoms abated after a few days
and he returned to duty. March 4th, a similar but more
severe attack, from which also he convalesced, though evi-
dently feebler than before. May 12th, a still more severe
attack with epistaxis requiring plugging of the nostrils.
June 6th, a still more severe attack, accompanied by oe-
dema of the feet and ancles. 15th, a more violent attack
accompanied by ascites with oedema of lower extremi-
ties and spots resembling purpura hemorrhagica;
great dyspnoea, slow, feeble pulse, scanty urine, profuse
perspiration. Died June 17th. Had scurvy while a prisoner at Belle Isle.
Autopsy (Dr. D. L. Lamb) 19 hours after death: some rigor mortis; lower
extremities and scrotum oedematous with scattered ir-
regular elevated red spots on the abdomen and lower
extremities; heart as described, with clot in right ven-
tricle and 12 oz. of serum in pericardium; lungs, es-
pecially the right one, congested and oedematous; slight
adhesions on left side; liver greatly enlarged and cir-
rhosed; spleen enlarged and friable; kidneys large and
fatty.

Contributed by Acting Assistant Surgeon C. J. Kad-
cliffe, Washington, D. C.
(R. A. M. M. June 18th. 1867).

8340

No. 891 64 532 117

Portion of colon, with follicular ulcers, some of which
have extended into erosions of moderate size; pseudo-

membranous patches especially fringing the ulcers.
William Cole, æt. 45. Admitted June 22nd 1867 with chronic diarrhoea. He was debilitated; appetite poor; digestion impaired; had suffered from pleurisy before admission. Died July 20th.
Autopsy 10 hours after death: rigor mortis well marked; weight 114 lbs; height 5 ft. 10 in; adhesions over entire external surface of right lung; lobes inter-adherent, melanotic nodule in middle lobe, some congestion in lower lobe; slight interlobular adhesions of left lung, a few small melanotic nodules in lower lobe; clots in cardiac cavities; abdomen contained 45 oz. of straw colored serum; intralobular congestion of liver, a cicatrix on the upper surface of its right lobe; all the abdominal viscera glued together by old, firm, peritonitic adhesions; mesentery and meso-colon oedematous; spleen dark red, malpighian bodies enlarged, capsule easily detached; kidneys presented a number of small superficial cysts; stomach healthy; small intestine pale; colon as in specimen; the sigmoid flexure extended transversly across the sacro-vertebral articulation into the right iliac fossa, the extreme point of flexion being firmly attached to the head of the colon, the meso-colon corresponded in its attachment to this abnormal position, which appeared to have been congenital.

From Freedman's Hospital, Washington, D. C.
Autopsy by Hospital Steward D. T. Lamb.
(R. A. M. M. July 20th. 1867).

See Microscopical Section, Nos. 7280 to 7288.

No. 892. 6595E13. 8341

Heart, in left ventricle of which are three fibrin cysts about the size of filberts attached to the ventricular walls; a fourth cyst was destroyed in handling the specimen.
Jennie Beatty, age 60. Admitted to Freedman's hospital, Washington, D. C. March 28th 1867 with paralysis. Was feeble but seemed to suffer little, appetite variable. Died August 15th. Autopsy 8 hours after death; no rigor mortis; height 4 ft. 11 in; weight 84 lbs; slight oedema and enlargement of right lower extremity; membranes of brain slightly injected, basilar artery somewhat atheromatous; valves of heart normal, its cavities empty, a four old fibrin cyst about the size of filberts adherent to the walls of the left ventricle, the contents of the cysts having a pus-like appearance; liver fatty; spleen full of large yellow tubercles, many of which had softened centres.

Contributed by Assistant Surgeon E. Bentley
Washington, D. C.
(R. A. M. M. August 15th. 1867).

No. 893. 6595E13. 8342

Kidney-shaped vascular fibroid tumor 3 inches in long diameter.
This tumor was removed (post mortem) from an unmarried woman, age 72 (Case no. 8284 N. Y. State Lunatic asylum); it was situated in the left labium majus, which was elongated resembling a scrotum; fibrous appendages attached to the part of the tumor corresponding in shape to the pelvis of a kidney, extended in four directions, two passing under the arch of the pubis, one encircled the rectum and one was followed into the fascia covering the right Gluteus maximus; the tumor was loose and moveable beneath the integument.

Contributed by Dr. J. P. Gray.
State Lunatic Asylum, Utica, N. Y.
(R. A. M. M. Oct. 9th. 1867).

No. 894. 6595E66. 8343

Uterus and appendages; peritoneal surface roughened with adhesions, the fallopian tubes distended to nearly half an inch in diameter with cheesy tubercular matter.
Fanny Reddick, mulatto, age 29. Admitted April 1867

with peritonitis, from which she so far recovered as to leave the hospital in May; readmitted June 29th, very much emaciated, with loss of appetite and great debility. Died July 8th.

Autopsy 20 hours after death; some rigor mortis of lower extremities; great emaciation; white clots in cavities of heart; right lung friable, somewhat congested, very oedematous, firmly adherent at all points; left lung much congested, ~~xxx~~ contained scattered miliary tubercle; all the abdominal viscera inter-adherent from peritonitis; liver fatty; kidneys slightly fatty, somewhat congested, contained a half dozen grey miliary tubercles; small intestine near ileo-coecal valve showed a very slight elevation of a Peyer's patch; in the caecum was a perforation half an inch in diameter, edges smooth and rounded, margins congested, situated posteriorly and an inch beyond ileo-coecal valve, the gut much congested; remainder of intestine not opened; a large accumulation of faeces, blood, mucus and serum in the cavity of the abdomen around the perforation; uterus contained a lymph-like substance, its mucous coat was congested, the Fallopian tubes as described.

From autopsy at Freedman's hospital, Washington, D.C.
Autopsy by Hospital Steward D. L. Lamb.
(A. F. M. M. July 9th. 1867).

No. 895 (4313/42) (4344) Portion of left ~~anterior~~ frontal lobe of cerebrum, presenting in the superficial substance of the convolutions, beneath the pia mater, an irregular superficial abscess cavity about 3/4 inch in transverse diameter, beneath which the substance of the convolutions appears normal.

Jeremiah Butts, colored, age 26. ~~Admitted to~~ died at Freedman's hospital ~~April 2nd. 1867~~ May 30th 1867 ~~with~~ of phthisis; suffered much with pain through the chest and epigastric region; cough and copious expectoration; emaciation and debility. Died May 30th.

by Dr. Bentley:

Autopsy ~~18 hours after death~~; rigor mortis strong; height 5 ft. 9 in.; weight 150 lbs; in anterior lobe of left hemisphere the abscess cavity described; dark blood in the venous sinuses of skull and vessels forming the circle of Willis; the abscess-cavity described; brain weighed 36 1/2 oz.; upper and middle lobes of right lung contained tubercular deposit and ~~xxx~~ nicae in both lungs; a few small tubercular cavities, the lung tissue consolidated except a portion of the lower lobe; left lung very strongly adherent, upper lobe occupied by a large cavity, lower lobe consolidated and full of grey tubercle; black blood clots in all the cavities of the heart, 2 oz. of fluid in the pericardium; bronchial glands much enlarged.

Contributed by Assistant Surgeon E. Bentley,
Washington, D. C.
(A. F. M. M. May 20th. 1867).

Nos. 896 (4313/42) (4344) to 898 (4344/49) (8947 42-8 E 12) (8345 to 8347) 896, irregularly oval sarcomatous tumor 7/8 inch in greatest diameter about the size of a chestnut from near the surface of the upper portion of superior convexity of right cerebral hemisphere.

897, heart, presenting on anterior external surface of right ventricle, two patches of fibrinous vegetation, the largest about 3/4 inch in long diameter.

898, portion of transverse colon and right lobe of liver, the colon attached to the under surface of the liver by a strong band of well-organized adhesions about two inches in length.

Charles Carter, negro. Admitted to Freedman's hospital ~~April 2nd. 1867~~ with jaundice, ascites and oedema of lower extremities and died ~~there was enlargement of right lobe of liver and some indications of thoracic disease; the effusion decreased under treatment, but the liver remained large, the expectoration became copious, and his appetite failing, he declined rapidly during the last three days of his illness died May 12th 1867~~ No clinical history bearing on the tumor.

by Dr. Bentley:

Autopsy 2 hours after death; rigor mortis in lower extremities; ~~height 5 ft. 2½ in.; weight 99 lbs;~~ brain weight 40 oz., very soft, tinged with bile, and presented ~~the~~ tumor de-

cerebral fluid yellow in color. Old adhesions and tubercles above; ~~both lungs strongly adherent to the walls of the~~ ~~chest~~; small cavities in all the lobes, a very large one ~~over the top of right lung~~; about 3oz. of yellow ~~fluid~~ serum in ~~the~~ pericardium; heart 14½ oz. and presents ~~two~~ patches of fibrinous vegetations on ~~the~~ anterior surface of right ventricle ~~of heart~~, liver cirrhosed, ~~it measures 11½ × 7¼ × 3 inches~~, weight 12¼ oz, ~~liver hepatis unusually large~~, gall-bladder distended; spleen very much ~~enlarged~~ (half an ounce) adherent to liver; transverse colon attached to under surface of right lobe of liver by well-organized adhesions; ~~kidneys large, right~~ right ~~weighing~~ 13½ oz, left 11 oz, both contained cysts; 6 oz. of yellow serum in abdominal cavity.

Contributed by Assistant Surgeon E. Bentley,
Washington, D. C.
(A. M. M. May 14th. 1867).

No 899 G533549 8348 Womb and appendages; womb hypertrophied 4 inches in length; fallopian tubes 6 inches in length distended with cheesy tubercular matter, the ovarian extremity of the tubes ¾ inch in diameter.

Susan Stewart, colored, age about 30, gave birth to a child in April 1867, after which according to her statement of symptoms, she probably had metritis followed by bilious intermittent fever which lasted a long time; her abdomen commenced to swell soon after the fever appeared. When first seen July 14th., found abdomen enormously distended with fluid; oedema of lower extremities; slight asthmatic cough, dyspnoea with inability to lie down, constant headache, conjunctiva yellow, appetite craving; under treatment the effusion diminished and in the course of two weeks the abdomen had nearly resumed its normal dimensions; but subsequently the liquid again accumulated and death took place October 19th. This patient's food had been deficient in quality and quality during the progress of the disease.

Autopsy (Dr. J. F. Head) 40 hours after death: slight rigor mortis of arms; oedema of face and legs; abdomen protuberant, contained nearly three gallons of serum; intestines distended with flatus; liver soft, dark, very large, and exhibited lymph deposits at intervals over its capsule; spleen enlarged, dark and soft; kidneys of normal size, minute cysts scattered under their capsules; intestines not agglutinated, bound together by recent friable peritoneal adhesions; uterus enlarged to twice its normal size, deposit of lymph within its cavity, its mucous membrane congested, adhesions on its peritoneal surface, fallopian tubes distended with deposit of cheesy tubercle.

Contributed by Dr. J. F. Van Arnum,
Washington, D. C.
(A. M. M. Oct. 21st. 1867).

900 No. G535E11 8349 Skeleton of foetus believed to be at about the sixth month (11½ inches long).

Contributed by Medical Faculty of Columbian College, Washington, D. C.
(A. M. M. Oct. 14th. 1867).

No. 901 G532949 8350 Aneurism of abdominal aorta, situated on the posterior surface of the vessel just above the origin of the coeliac axis; the preparation shows only a part of the sac, which appears to have been of considerable size.

Specimen was obtained from Blockley Almshouse Philadelphia by Dr. James C. Waring.

Contributed by Medical Faculty of Columbian College, Washington, D. C.
(A. M. M. Oct. 14th. 1867).

No 962 (9 35 49) Uterus and appendages; right ovary converted into a cyst the size of the head of a new-born child, the left into an oval and lobulated fibrous mass, 1¾ inches in long diameter, containing several cyst.

8351

Contributed by Medical Faculty of Columbian College, Washington, D. C.

(R. A. M. M. Oct. 14th. 1867).

No 963 (9 35 46) Cyanbrophied bladder with enlarged prostate; prostatic portion of urethra invaded by a narrow, long, ovoid projection from the left lobe.

8352

Contributed by Medical Faculty of Columbian College, Washington, D. C.

(R. A. M. M. Oct. 14th. 1867).

No 964 (9 35 49) Irregularly oval, nodulated, sarcomatous tumor of the brain, 1½ inches in long diameter. No history

8353

Contributed by Medical Faculty of Columbian College, Washington, D. C.

(R. A. M. M. Oct. 14th. 1867).

No 965 (8 No 15) Monstrous pig with incomplete double head; there are two complete mouths and noses, the external eye of each head normal, the two adjacent eyes fused together in a rudimentary common eye, the external ear of each normal, no rudiment of adjacent ears.

8354

Contributed by Medical Faculty of Columbian College, Washington, D. C.

(R. A. M. M. Oct. 14th. 1867).

No. 966 (8 No. 17) Incompletely double foetus; the best developed of the two being a male of the ordinary size at term, from the front of thorax of which project the incomplete shoulders, upper extremities, back, buttocks and lower extremities of a male foetus of less than half the size; the head of the best developed of the pair is apparently normal on the right side, but on the left is deformed and presents evidences of fusion with the incompletely developed head of the parasitic foetus; the left forearm and hand of the parasitic foetus are clubbed.

8355

Contributed by Medical Faculty of Columbian College, Washington, D. C.

(R. A. M. M. Oct. 14th. 1867).

No. 967. (8 No 18) Twin female foetuses at term, united by the anterior face of thorax of each; the bond of union being open in front, shows the ventricles of the two hearts fused, auricles distinct, the lateral lung of each complete, adjacent lung undeveloped, a central liver with suspensory ligament in the median line; on the under surface of the liver, corresponding in position with the suspensory ligament, is a partition continuous below with the abdominal walls of each, the abdominal viscera below the level of the liver separate; but one gall-bladder was found, on the right side, communicating with the intestine of the right foetus; but one spleen, belonging to the left foetus.

8356

Contributed by Medical Faculty of Columbian College, Washington, D. C.

(R. A. M. M. Oct. 14th. 1867).

No. 908. G8 M114 8357 Monstrous female foetus at term, armless, lower extremities imperfectly developed, thighs especially by being shortened, great toe of right foot and two adjacent toes fused together, fourth toe normal, the fifth separated from the others by a fissure-natural fissure.

Contributed by Medical Faculty of Columbian College, Washington, D. C.

(R. A. M. M. Oct. 14th. 1867).

No. 909 G8 M114 8358 Deformed female foetus at term with hydrocephalus, imperfect development of left shoulder and thorax producing lateral curvature of spine, abdominal walls deficient permitting protrusion of abdominal contents, which in the fresh specimen were covered with a thin transparent membrane; imperfect hare-lip on right side.

Contributed by Medical Faculty of Columbian College, Washington, D. C.

(R. A. M. M. Oct. 14th. 1867).

No. 910. G8 S5 B14 8359 Uterus and appendages; connected by adhesions to the colon; left fallopian tube dilated to a large sac, which contains the skeleton of a full term foetus; about the usual period of ~~pregnancy~~ delivery the death of the foetus occurred followed by its decomposition, the putrid debris draining through the fallopian tube and uterus into the vagina; this process continued for several months and the patient survived a number of years.

Contributed by Medical Faculty of Columbian College, Washington, D. C.

(R. A. M. M. Oct. 14th. 1867).

No. 911. G2 S1 D14 8360 Heart presenting calcarous transformation and insufficiency of aortic valves, ventricles roughened externally by pseudo-membrane, and the auricles and parts about the base of the heart inter-adherent.

From a specimen obtained in Blockley Almshouse, Philadelphia in 1852 by D. James J. Waring.

Contributed by Medical Faculty of Columbian College, Washington, D. C.

(R. A. M. M. Oct. 14th. 1867).

No. 912. G2 S2 B8 8361 Aneurism of ascending portion of arch of aorta, the sac being somewhat larger than the head of a foetus at term, protruding anteriorly between the 2nd. and 3d. ribs to the right of junction with costal cartilages; the adjacent margins of both ribs are atrophied by pressure of the tumor, especially the 2d. rib, the atrophy being compensated by a hypertrophy on the opposite margin, producing curvature, which is most distinct in the 3rd. rib; there appears to have been congenital absence of the arteria innominata, the right carotid and subclavian being given off as separate and adjacent branches; the descending portion of the arch is atheromatous.

Contributed by Medical Faculty of Columbian College, Washington, D. C.

(R. A. M. M. Oct. 14th. 1867).

No. 913 G5 S5 B9 8362 Uterus and appendages; on fundus of uterus is situated a sessile tumor (fibrous) the size of a shellbark.

Contributed by Medical Faculty of Columbian College, Washington, D. C.

(R. A. M. M. Oct. 14th. 1867).

No 914 [illegible] 8363

8363

Right kidney with ureter and bladder of a child, the ureter distended to the size of a little finger, the pelvis and calyces of the kidney dilated into cysts, the cortical substance of the kidney represented by a layer a line or two in thickness, bladder contracted, walls hypertrophied; the lower 1½ inches of left ureter attached to the specimen, is in the same condition as the right.

Contributed by Medical Faculty of Columbian College, Washington, D. C.

(R. A. M. M. Oct. 14th. 1867).

No. 915 [illegible]

8364

Uterus and appendages; from the anterior surface of the uterus, an oval fibrous tumor two inches in long diameter, hangs by a pedicel the size of a goosequill; a pedunculated fibrous tumor the size of a pea is attached to the posterior surface of the organ; peritoneal adhesions of ovaries.

Contributed by Medical Faculty of Columbian College, Washington, D. C.

(R. A. M. M. Oct. 14th. 1867).

No. 916 [illegible]

8365

A small portion of stomach taken near the pyloric orifice, with adjacent part of duodenum, presenting a perforating ulcer, ¼ inch in diameter just below the pylorus.

Contributed by Medical Faculty of Columbian College, Washington, D. C.

(R. A. M. M. Oct. 14th. 1867).

No. 917. [illegible] 42 adults Dec. 3. p 3.

8366

Larynx and thyroid gland of a child about [illegible] years old, the left lobe of the thyroid normal, the right converted into an oval bronchocele three inches in long diameter; in section the largest portion of the tumor is soft and fleshy, composed of minute cysts, which however are visible to the naked eye; towards the external peripheric portion are several large cysts, some of them over half an inch in long diameter with thickened walls, in some places calcareous.

Contributed by Medical Faculty of Columbian College, Washington, D. C.

(R. A. M. M. Oct. 14th. 1867).

No. 918. [illegible]

8367 Lancaster

Fleshy mole about three inches in length, having an oval cavity two inches long and walls a half inch thick; pendulous from the lining membrane of the cavity is a rudimentary embryo about half an inch in long diameter.

[Aborted December 12th. 1857 by Mrs. L— of Washington]

Contributed by Medical Faculty of Columbian College, Washington, D. C.

(R. A. M. M. Oct. 14th. 1867).

No. 919 [illegible]

8368 Dr. Ayres Fuller 6. 22 1867

A number of biliary calculi, composed chiefly of cholesterine.

No history.

Contributed by Dr. W. W. Potter of New York.

R. A. M. M. Trans. Oct. 1-67.

No 920 (4382) 8369

Portion of ileum, taken just above ileo-coecal valve, the villi hypertrophied, pinhead enlargement of solitary follicles, and slight thickening of Peyer's patches. See Duplicate No. 13.

Francis McKeown, Recruit. Admitted at 11 A.M. October 1st 1866; had diarrhoea the day previously, six or seven stools, and next morning about eighteen; when admitted, had cramps in legs and thighs; hands blue and cold, vomiting, rice water purging; eyes sunken. Gave of calomel 3ss, which was vomited; a second dose was blood dry on the tongue; applied a sinapism over stomach. He vomited again after an hour; a few rice water stools during the hour. Gave of calomel 3ss a third time. 12 M. gave of castor oil 3ss, to be repeated hourly. 10 P.M. pulse at wrist distinctly perceptible; no cramps; no vomiting nor purging after 6 P.M.; great thirst; feeling better generally. Had taken six half-ounce doses of castor oil; passed the night comfortably, though at midnight the hands were colder; respiration became labored and pulse less distinct at wrist. Died rather suddenly at 5 A.M. October 2nd.

Autopsy five hours after death: slight rigor mortis of arms and legs; body warm; lungs partially collapsed, crepitant and contained much fluid blood; trachea and bronchi darkly injected with pus like specks at their points of division; heart distended, white clots in each side; gall-bladder rather full; duodenum contained much yellow bile; there were a few invaginations of the ileum, without adhesions; ileum comparatively empty, contained green pultaceous feces near the ileo-coecal valve; similar feces in ascending colon; transverse colon distended with flatus; sigmoid flexure contained a little mass like or thinner white mucus; bladder contracted; kidneys contained a good deal of blood, and were apparently very fatty.

Contributed by Assistant Surgeon N. C. Minor U.S.A.
Post hospital, Fort Columbus, N.Y.
(U.S.A.M.M. October 4th 1866).

No. 921. (4383) 8370

Portion of ileum, taken just above ileo-coecal valve, the villi hypertrophied, pinhead enlargement of solitary follicles, and slight thickening of Peyer's patches. See Duplicate 14.

Terry Zwegler, Recruit. Admitted at 6 A.M. October 16th 1866. Came to the Island from Brooklyn July 24th. Had seven or eight stools on the 9th. October 5th when admitted, had vomiting; cramps of abdominal muscles; hands cold; eyes sunken; no pulse. Gave of calomel 3ss. 9 A.M. no vomiting nor purging diarrhoea after the administration of the medicine. Gave a second dose. 12 M. hands warm but no pulse; restlessness. 2 P.M. hands cold. Gave a third dose of calomel 3ss. 9 P.M. gave a fourth dose. 11th. 7 A.M. hands cold; no pulse. Gave a fifth dose of calomel 3ss. 10 A.M. pulse just perceptible; hands cold; great restlessness; much thirst; no pain; a thin, watery, green passage stool. 5 P.M. gave a sixth dose. 9 P.M. a large rice water stool, followed by half a gill of green pultaceous feces. 9 P.M. breathing labored; restlessness. Gave a seventh dose of calomel 3ss. 12th. 9 A.M. face dark; hands and arms cold; breathing labored; no pulse. Gave castor oil 3ss. with three drops of oil of turpentine. Died at 10 A.M., very quietly.

Autopsy two hours after death: a large, well-built man; no rigor of arms or legs; slight rigor of neck; pupils dilated; no stasis; some blood found on cutting open the scalp; slight effusion in membranes of brain; arachnoid vessels full; brain hard, slightly injected; some effusion in lateral ventricles; choroid plexus congested; middle commissure of brain wanting; old adhesions of right lung, its larger bronchi, especially those of the lower lobe contained some stringy muco-pus, lung crepitant, some patches of pleural emphysema near its edges; left lung without adhesions, more distinct superficial emphysema, less muco-pus in bronchi, what there was being in strings across the tubes; trachea injected; with muco-purulent spots on the surface of the mucous membrane; fluid blood only in the heart; foramen ovale patulous but closed by a valve; liver enlarged, full of blood, hepatic ducts and gall-bladder distended; stomach pale, ~~white~~

and contained some grum bili; intestines distended with flatus, pultaceous grum matter in cæcum and at intervals in descending colon and sigmoid flexure; solitary follicles of ileum enlarged as in specimen; spleen small, firm and bloodless; kidneys pale and fatty.

Under the microscope the blood globules appeared smaller than usual, and rather globular than disc-like; the only globules normal in size, shape and color, were found in the thyroid gland.

Contributed by Assistant Surgeon H. C. Meier U. S. A.
Post hospital, Fort Columbus, N. Y.
(C. S. M. M. December 4th 1867)

See Microscopical Section, Nos. 7219 to 7221.

Nos 922, portion of cæcum and ascending colon; and
922 923 of transverse colon, each presenting several
and large, irregular, granulating ulcers, some of which are
923. partially cicatrized. See Microscopical Section, Nos. 2562 & 2563.
64.32.19

Musician Ernst Kutschmar, Post Band, Camp Grant, Va., age 39. Admitted December 24th. 1867 with chronic
8371 dysentery, from which he had suffered since October
to 10th; had six to eight stools daily; much emaciated;
8372 poor appetite; dulness on percussion at upper part of right side of chest, mucous rales at apices of lungs; no cough but occasionally expectoration of phlegm. Died January 9th. 1868.

Autopsy eight hours after death: extensive firm pleuritic adhesions on both sides, upper lobe of right lung infiltrated with tubercle, with a sinuous cavity in the posterior part of apex, numerous tubercles in middle lobe; upper lobe of left lung studded with miliary tubercles, a few in lower lobe; bronchial glands tubercular; heart small and flabby, walls thin; mucous membrane of jejunum engisted, remainder of small intestine appears healthy; colon ulcerated throughout, the ulcers in the cæcum, ascending and transverse colon granulating, some of them cicatrizing.

Contributed by Assistant Surgeon J. H. Barkhoff, U. S. A.
Camp Grant, Richmond, Va.
(C. S. M. M. January 20th. 1868)

No. Second, third and fourth lumbar vertebræ, the adja-
924. cent portions of the bodies of the second and third
1652 M. 22 destroyed by caries, leaving an irregular cavity.
8373 Recruit Peter Burke came to sick call September 13th. 1866 complaining of pain in loins and back. 15th. found an abscess on the left side; admitted him to hospital and opened the abscess. 23rd. pain in small of back and hip; tongue furred; pulse quick. 24th. rigors, vomiting and purging; much pain in back and abdomen; pulse 120; hiccough; inspirations long, expirations short and hurried. Died September 25th.

Autopsy twenty-three hours after death: rigor mortis in lower limbs; two openings in the left side, the one three, the other six inches to the left of the xiphoid cartilage, communicating with an abscess; the centre of the abscess corresponded to the cartilage of the sixth left rib, through which was an opening communicating with the small abscess in the anterior mediastinum and a thin cheesy deposit between the sixth and adjacent ribs external to the pleura; left lung wholly adherent with cheesy and calcareous tubercles in apex; right lung adherent in front; liver cirrhosed and soft; gall-bladder nearly empty; spleen soft; kidneys contained cheesy tubercles, some of them broken down into abscesses; ulceration of the calyces and pelves of the kidneys extending an inch or two into the ureters; second and third lumbar vertebræ as in specimen; an abscess on each side involving a psoas muscle, that on the left side filled with a pultaceous matter, which was quite firm, that on the right similarly filled except that the mass was softer.

Contributed by Assistant Surgeon H. C. Meier U. S. A.
Post hospital, Fort Columbus, N. Y.
(C. S. M. M. December 4th. 1867).

No 925 1SSIA2 8374

Cornuhoe kidney; left side supplied by two renal arteries.

Corpl James Leland. Admitted September 2nd 1866 with typhoid fever. Died September 24th.

Autopsy nine hours after death: no rigor except in fingers; body not cold; pupils dilated; adhesions of left lung; two cysts containing calcareous and cheesy matter in the right lobe of liver the size of a hickory-nut, the other in the left lobe the size of a pea; spleen soft; Peyer's patches moderately thickened and ulcerated in points; some of the solitary follicles enlarged; kidney as in specimen.

Contributed by Assistant Surgeon W. C. Minor U. S. A. Post Hospital, Fort Columbus, N. Y.

(R. A. M. M. December 4th. 1867).

No 926 1532-33- 8375

Scrofulous arthritis of right knee-joint, the articular surfaces eroded.

From a young mulatto male (the epiphyses have not yet united).

From autopsy at Freedman's Hospital, Washington, D. C.

(R. A. M. M. 1867).

No 927 1535E15 8376

Placenta and membranes at term, from a case of placenta praevia; a laceration in the placenta through which the child was delivered.

Mrs.—— age about 33; taken in labor with her fifth child November 12th. 1867; was first seen by doctors Seeler and Bliss at 1 A. M., when there was profuse hemorrhage but no pains; had had hemorrhage five weeks previously and then two weeks thereafter; os uteri dilated to the size of a quarter dollar, placenta presenting. 10 A. M. Gave ergot till 1 P. M., when there was again profuse hemorrhage, pains being moderate; syncope occurred, and the vagina was tamponned & 7 P. M. delivered by turning, the placenta being torn through to enable the feet to be grasped. A living male child. Mother did well

Contributed by Dr. J. E. Dexter, Washington, D. C.

(R. A. M. M. November 14th. 1867).

No 928 1SSSE16 8377

Uterus with membrane and foetus at six months, the posterior portion of the fundus uteri atrophied and ruptured, permitting the foetus to escape.

Mrs. Z——, age 43, mother of thirteen living children, had had one miscarriage, and was six months advanced in her fifteenth pregnancy. November 27th. 1867 at 10 A. M. while stooping down to a bureau drawer, felt something give way in the lower part of her body; soon afterwards vomited and felt much prostrated, but shortly became more comfortable and remained so until midnight; she then felt much abdominal distress, especially in the right iliac region. 2 P. M. found her with less pain but very faint; after taking an anodyne she fell asleep. In the morning she was extremely prostrated, restless and pulseless at wrist. Died November 28th. at 10 A. M.

Autopsy twenty-seven hours after death. Present: Doctors Smith and Marsh of Wales, Mass., Doctor G. E. Fuller of Brimfield, Mass. Doctor McLean of Staffordville and the attending physicians. Cavity of abdomen full of blood; fundus uteri much attenuated and ruptured; placenta protruding; foetus in abdominal cavity. | 1875

Contributed by Doctor Wm. N. Clark, Stafford, Conn.

(R. A. M. M. December 13th. 1867)

See Fabre's Bibliothique des Medicin Practicien, Paris, 1843, tome I, page 269.

No 924 A 2 S1 D 18 8378

Heart with calcareous degeneration and insufficiency of mitral valve; left auricle distended to the size of a large orange, its walls more than an eighth of an inch thick, with-washed fibrin clots adherent to portion of its lining membrane; remaining valves healthy.

A woman girl, age 23; menstruation had been irregular for six years; had had anasarca several times, which yielded to treatment. Six weeks before death, found her suffering with dyspnoea and dropsy, with the physical signs of mitral disease. Died November 20th. 1867.

Autopsy: heart as in specimen; pericardium filled with fluid; lungs congested; some pleuritic effusion; fatty degeneration of kidneys.

Contributed by Dr. J. A. Ashford, Washington, D. C.

(A. A. M. M. December 2nd. 1867).

No 930 A 2 S 2 C 10 8379

Large aneurism of ascending aorta involving the arch as far as an inch and a half beyond the origin of the left subclavian; the sac, the size of a foetal head at term, is almost entirely filled with tough fibrin in concentric layers.

No history.

Contributed by Dr. J. T. Young, Washington, D. C.

No 931 A 2 S 1 C 7 8380

Tongue with larynx laid open posteriorly; great oedema of epiglottis and mucous membrane at orifice of glottis; tonsils considerably enlarged.

Edward Jones; large, stout mulatto; age about 35, by occupation driver, temperate in his habits. Had had intermittent fever three weeks previously. Complained on Friday morning November 22nd. 1867, of sore throat. On the morning of the 23rd. at 5 O'clock, had sudden dyspnoea and died before the arrival of a physician.

Autopsy two hours after death: body warm; no rigor;

during the section, dark blood flowed freely from the smaller vessels; veins full of dark blood which coagulated soon after coming in contact with the air; heart healthy, ventricles empty, auricles distended with thick blood clots; lungs engorged with blood, but otherwise healthy; two ounces of serum in each pleural cavity; tongue pale; tonsils enlarged and congested; epiglottis, rima glottidis and vocal membrans oedematous, completely closing the orifice.

Contributed by Dr. A. Behrend, Washington, D. C.

(A. A. M. M. November 23rd. 1867).

No 932 C 3 2 C 4 S 5 H 3 8381

Cancerous tumor surrounding cystic duct, pancreatico-biliary duct and neck of gall-bladder, involving also the head of the pancreas; gall-bladder much thickened and its mucous membrane ulcerated; whalebone passed through duodenal orifice of pancreatico-biliary duct.

See Microscopical Section, Nos. 4030 Co 4037.

Mr. B——n, brewer, age 38, native of Germany. First seen August 20th. 1867; had been suffering for several months with pain in stomach and right side, acid eructations and occasional nausea and vomiting, and obstinate constipation; was somewhat emaciated, with cachectic countenance; there was a hard, movable tumor in inferior portion of epigastrium and right hypochondrium, not tender on pressure; stools pale. Two weeks later jaundice set in, vomiting became more frequent and usually occured within an hour after eating; the matters vomited consisted beside the food taken, of a dark coffee-colored fluid of an offensive, sour smell; there were paroxysms of violent pain. Died October 18th.

Autopsy twelve hours after death: slight rigor mortis; stomach distended to three times its normal size with a brownish fluid containing numberless small black clots; the greater curvature extended below the umbilicus; an irregular tumor, the size of an orange, involving the descending

portion of the duodenum, and orifices of the gall-bladder and biliary ducts; the pyloric orifice was so nearly obstructed by the pressure of the tumor as to admit of the end of the little finger with difficulty, while repeated efforts to introduce a small silver probe through the orifices of the biliary ducts, were unsuccessful; gall-bladder filled with white, creamy, tenacious fluid and over fifty calculi, four of which were the size of small hazel nuts, the remainder quite small; mucous coat of gall-bladder perforated by very many small ulcers; in the upper part the membrane hung in by disintegrated shreds; liver firmer in texture and darker than normal, and in the region of the tumor, indurated and closely adherent at the diaphragm; no other lesion observed in the abdomen, none at all in the thorax.

Contributed by Acting Assistant Surgeon C. P. Kanawalt U.S.A.
Post hospital, Washington, D. C.
(R.A.M.M. October 21st. 1867).

No. 933 C1212D10 8382 Portion of heart, showing calcarous degeneration and insufficiency of aortic valves, with commencing calcarous degeneration of mitral valve.

Dr. H. C. Eckert of Hanover, York co., Penna., age 46. Had had pleuro-pneumonia at the age of 21; for five years before his death, had had slight hemorrhages from the lungs, but was able to attend to business until within three months of his death; the prominent symptoms during the last two months of his life, were great dyspnoea, distress in cardiac region, vomiting and deficiency of biliary coloring matter in the stools.

Autopsy: left lung adherent; a few inches of lower lobe of right lung hepatized; heart large, weight 27 oz.; other organs appeared normal.

Contributed by Dr. Horace Alleman
Hanover, York Co., Penna.
(R.A.M.M. January 22nd. 1868).

No. 934 C1212A2 8383 Portion of femoral vein near its junction with the internal saphena, filled with a fibrous coagulum.

William Boyd, age 30. Complained in August 1867 of weakness and inability to work; much emaciated; had frequent seminal emissions; was believed to be a masturbator; a few weeks later, ascites appeared and an enlarged spleen was noticed; urine was scanty, free from albumen, and deposited lithates on cooling. The effusion slowly increased until the girth of the abdomen was thirty-seven inches. About twenty days after the appearance of the dropsy, the left leg and thigh suddenly became oedematous; femoral vein felt as a hard cord; frequent vomiting after eating set in, a pint or more of colorless fluid being ejected with the meal. Died December 15th. of asthenia, conscious to the last.

Autopsy: spleen enlarged, weight 16 oz.; two gallons of clear serum in peritoneal cavity; brain, heart, liver and kidneys apparently healthy; left femoral and external iliac veins plugged by a firm coagulum, which presented however no central softening.

Contributed by Surgeon DeWitt C. Peters U.S.A.
Fort Union, New Mexico.
(R.A.M.M. January 4th. 1868).

No. 935 6682-24 8384 Lower five dorsal and upper four lumbar vertebrae, the lower three dorsal and first lumbar affected by tubercular caries, the substance of the bodies porous and presenting several rounded cavities; irregular outgrowths of bone at the adjacent margins of the bodies.

From an adult male freedman, who died soon after admission to the hospital for Refugees and Freedmen at Little Rock, Arkansas, in 1866.

Contributed by Dr. Henry M. Lilly, Fond du Lac, Wis.
(R.A.M.M. January 2nd. 1868).

No 936 C3-19 8385

Two supernumerary fingers.

Le Photograph

Wolf Kan, born in Lipna near Plotsk in Russian Poland in 1846, was the oldest of seven children, all boys. The youngest child had a rudimentary sixth finger on each hand; Neither his parents nor grandparents had any anomalies of organization. Kan had no supernumerary toes nor other family conformation. He was anxious to have the superfluous digits removed and that the operation should be performed first on one hand and then on the other, that his trade as a peddler might not be interrupted. Finding that there was no communication between the metacarpo-phalangeal articulations of the little fingers and the rudimentary articulations of the superfluous digits and that the latter were united to the hand mainly by integument, consent was given to gratify his wish. August 24th. 1867 an attempt was made to produce anaesthesia of the skin connecting the right digit with the hand by Richardson's ether spray apparatus. Failing in that, general anaesthesia was induced with a drachm of chloroform. The digit was snipped off, the hemorrhage arrested by pressure, and the slight wound dressed, when the patient, who was in a sitting posture, was affected by an alarming syncope. He was placed upon the floor and artificial respiration practiced, and he presently recovered. The wound cicatrized in about fourteen days. Four weeks subsequently, the integument having been benumbed by ether spray to such an extent that the incision caused but little pain, the left supernumerary finger was removed; the digital artery supplying this finger was much larger than that on the right side, and required a ligature. The wound healed promptly.

Contributed by Assistant Surgeon Geo. A. Otis, U. S. A.

(A. F. M. M. October 1st 1867).

No 937 C4340 8386

Sarcomatous tumor of mesentery, weighing 13 ounces 7 grains. Sections show it to be composed of spindle-shaped cells, for the most part arranged concentrically and of groups of connective tissue corpuscles multiplying in long coils. See Mic

Contributed by the Medical Faculty of Columbian College, Washington D. C.

See Microscopical section, Nos. 2297. 2315. 2324. 2332. 2618 to 2627.

(A. F. M. M. October 14th. 1867).

No 938 C485H4 8387

Central portion of liver with gall-bladder, common duct and a portion of duodenum attached; gall-bladder distended to about ten ounces capacity; common gall duct longer than a man's thumb; cystic duct also distended and sacculated, its interior exposed by an incision; the duodenal extremity of the common gall-duct surrounded by an induration which projected as a tumor the size of a marble into the lumen of the duodenum, the summit of the tumor ulcerated.

to Freedmen's Hospital, Washington D.C.

Charlotte Young, colored, age 70. Admitted, November 28th. 1867 with jaundice and dropsy. About a week before death, some increased enlargement of the abdomen was noticed, with tenderness and pain in region of liver. Died January 8th 1868.

Autopsy six hours after death: height 5 ft. 2 in.; weight 98 lbs.; limbs greatly emaciated; abdomen prominent and hard; feet oedematous; strong rigor mortis; about two ounces of fluid in subarachnoid cavity; slight adhesions of left lung; half an ounce of serum in pericardium, walls of left ventricle hypertrophied; gall-bladder and biliary passages distended; on section of liver, gall ducts found distended with bile, which when pressure was made on the gall-bladder, flowed readily into the tissues of the organ, the cause of obstruction appearing to be the tumor above described; at various points in the substance of the liver, were small

purulent foci; in which abundant pus corpuscles were recognized by the microscope; weight of liver and afpendages 8 lbs.; all the tissues of the body tinged with bile but appeared otherwise normal. D.C.

Contributed by Assistant Surgeon E. Bentley Washington

(A. A. M. M. January 9th. 1868).

No 939 C555E9 8388

Mole thrown off at fifth month of utero-gestation; the foetal membranes have degenerated into an ovoid cyst three inches long, with nodulated walls of irregular thickness, the nodules proving on section to be cavities filled with coagulated blood.

See Microscopical Section, Nos. 4063 & 4069 + 4209 + 4210.

Mrs — Thompson, Washington, D. C.; white; age 39; tall and slender; irritable; married; eight living children; had had one miscarriage, which took place between the births of the first and second children; her labors had been at term, natural and lasting about five hours. Became pregnant July 15th 1867. September 1st flooding came on and continued about a month. December 20th. flooding recured and continued with bearing down pains till January 11th. 1868, when the mole was expelled. Recovery.

Contributed by Dr. J. W. Van Arnum, Washington, D.C.

(A. A. M. M. January 15th. 1868).

No 940 C555E10 8389

Mole thrown off at — month of utero-gestation; the foetal membranes have degenerated into a cyst, four and a half inches long by three broad, with nodulated walls of irregular thickness; the nodules proving on section to be cavities filled with coagulated blood; a section of one of the nodules show the yellow irregular in its outline.

No history.

Contributed by the Medical Faculty of Columbian College, Washington, D. C.

(A. A. M. M. October 14th. 1867).

No 941. C555E19 8390

Mole, composed of degenerated foetal membranes and blood coagula; the microscope recognized the villi of the chorion in the shreddy parts of the specimen.

Mrs. W——. On the fourth day of what was supposed to be a menstrual period accompanied by the usual discharge, she began to pass large coagula of blood, necessitating the use of cold applications, astringents and opiates; severe pains resembling those of the first stage of labor came on, became bearing down and so continued until the sixth day, when the specimen was discharged; the hemorrhage rapidly diminished, and she recovered. She subsequently became pregnant, and had no similar attack afterwards.

Contributed by Dr. E. Worrell, Delaware City, Pa.

(A. A. M. M. November 8th. 1867).

No 942 C555E20 8391

Mole, composed of degenerated foetal membranes and blood coagula; the microscope recognized the villi of the chorion in the shreddy parts of the specimen.

History of the case quite similar to that of No 941.

Contributed by Dr. E. Worrell, Delaware City, Pa.

(A. A. M. M. November 8th. 1867).

No 943 C555E21 8392

Very firm blood clot expelled with pains, simulating labor pains, from the uterus, in a case of dysmenorrhoea. No traces of chorion villi nor other foetal tis-

sues discovered.

History of the case quite similar to that of No. 941.

Contributed by Dr. E. Worrell, Delaware City, Pa.

(R. A. M. M. November 8th. 1867).

No. 944 — Foetus and membranes at the second month.

Contributed by Dr. E. Worrell, Delaware City, Pa.

(R. A. M. M. November 8th. 1867).

LESSER2

8393

No. 945 — Foetus and membranes at the third month.

Contributed by Dr. E. Worrell, Delaware City, Pa.

(R. A. M. M. November 8th. 1867).

LESSER3

8394

No. 946 — Foetus and membranes at the third month.

Contributed by Dr. E. Worrell, Delaware City, Pa.

(R. A. M. M. November 8th. 1867).

C535E24

8395

No. 947 — Aortic valves with thickened edges, rendering them insufficient; some shreds of adherent fibrin below the valves.

C2210 9148 — Left ovary containing at one extremity, a cyst, half an inch in diameter.

J3250 — See Medical Section, Nos. 2296. 2301. 2314. 2325. 2330. *(incorrect) *See Med. & Surg. 976. to Friedmans Hospital, Washington D.C.

8396

C4 — Milly Parker, mulatto, age 35. Admitted January 25th. 1868 with general anasarca; pulse 100 and feible; tongue clean; urine normal; pain and tenderness in lumbar region, extending up right side to chest. 26th. violent pain in cardiac region with great distress. Died January 27th.

8397

Autopsy twelve hours after death: weight 123 lbs.; rigor mortis marked in upper extremities, indistinct in lower; fat ordenatous; abdomen protuberant; one ounce of fluid in subarachnoid cavity; left lung strongly adherent and carnified; six ounces of fluid in pericardium; dark blood clot in left cavities of heart, right cavities empty; walls of left ventricle hypertrophied, 7/16 an inch thick; aortic valves as described; other valves normal; liver cirrhosed, weight 56 oz.; spleen soft, weight 10 oz; kidneys fatty, right weighed 10 oz., left 13 oz.; left ovary as in specimen.

Contributed by Assistant Surgeon E. Bentley U.S.A.

Washington, D. C.

(R. A. M. M. January 28th. 1868).

No. 949 — Section of splen, including the hilum, near which are attached two small supernumerary splens, about the size of hazel nuts; splen weighed 7 oz., and contained numerous small white tubercles, and presented many peritoneal adhesions on the surface.

643705

8398

From the case of Private John Donsmoor, co. D 18th. Infantry, who died at Fort Laramie, D. T. January 31st. 1868 of chronic splenitis.

Contributed by Assistant Surgeon H. S. Schell U.S.A.

Post Hospital, Fort Laramie, D. T.

(R. A. M. M. February 18th. 1868).

No. 950 — Foetus and membranes at twelve days.

C535E25 — Mrs Casey, white, age 35; married; stout-built, laboring woman; had had six children and two miscarriages; menstruated last December 15th. 1867. February 11th. 1868, flooding came on, after fright, and continued until the 14th. when she had severe bearing down pains

8399

lasting twelve hours, after which the embryo was expelled; there was subsequent hemorrhage. Recovery.

Contributed by Dr. J. W. Van Arnum, Washington, D.C.

(R. A. M. M. February 18th. 1868).

Brain with an

No 951 6131D10 $400

Coal sarcomatous tumor 3½ × 2½ inches long by 2 inches wide, situated, in (liquefy) posterior portion of left cerebral hemisphere; the tumor it is invested by a thin fibrous capsule, which separates it from the brain substance, is firmly adherent to the dura mater, through which at one point it protrudes, without however having involved the calvarium. Microscopically (nomination) the tumor showed it to be was composed of spindle-shaped cells, with oat-shaped nuclei. (See Microscopical Section, Nos. 2593 to 2598.)

Mrs. M. E. Williams, age 51, married. Came under observation January 9th 1868; had been attacked with general dropsy in March 1863, which was attributed to after exposure to cold; in May the dropsy being subsided in May when she had an attack characterized by sudden loss of consciousness, flushed face and spasms of right arm; after which she was this attack left her paralyzed; similar attacks, accompanied by loss of consciousness then recurred annually, the last in the Spring of 1867. January 9th. 1868 she was much emaciated, had partial motor paralysis of legs, especially the right, and of the muscles of the right shoulder; could not long enable to lift the arm, but could also flex the forearm and fingers when the arm was fixed; sensation was not impaired, but some hair was complained of in right arm and vicinity of second cervical vertebra; left pupil somewhat dilated; she complained of almost continual headache, increased augmented by motion, but diminished by sitting up; she complained of tinnitus aurium and of diminished sense of smell; her statements however must be taken with caution, as her memory was impaired, and the powers of perception disordered, so that she may often mistook persons and things; face sometimes flushed; occasional dyspnoea; tendency to constipation; occasional nausea, Died March 15th. death having been preceded for some days by gradually increasing frequency of pulse and respiration, mental disorder, paralysis and debility.

Autopsy by Asst. Surg. E. Bentley U.S. Army two hours after death; rigor mortis well marked in upper extremities; weight about ninety pounds; height 5 ft. 6 in.; coat of middle central arteries calcareous; tumor of brain as described; hypostatic congestion of lungs; half an ounce of serum in pericardium; much fat on surface of heart; liver fatty and friable, kidneys fatty with much adipose tissue on surface; uterus retroverted. Otherwise & abdominal viscera showed no lesions of importance.

Contributed by Dr. D. L. Lamt, Washington D.C.

(R. A. M. M. March 15th. 1868).

insert at end.

No 952. 6281D21 84 01

Calcareous deposits in aortic valves, with hypertrophy of left ventricle and dilatation of right auricle; weight of heart 24 oz.

Lewis Briggs, coloured, age 70. Admitted to Freedmen's hospital, Washington, D.C. July 9th. 1868 with severe dyspnoea and very feeble. Died July 14th.

Autopsy ten hours after death; height 5 ft. 5 in.; weight 114 pounds; no rigor mortis; calcareous deposit in arteries at base of brain; heart as described; extensive effusion in left pleura, with compression of left lung; weight of left lung 13½ ounces, of right 33½ ounces.

Contributed by Assistant Surgeon E. Bentley

Washington, D. C.

(R. A. M. M. July 15th. 1868).

No 953 (2S1E13) 8402

Heart, the outer surface of which is coated with pseudo-membranous lymph.

Private C. F. Muthard, "C". 21st. Infantry, age 32.

Admitted April 6th. 1868. This man had enlisted in 1866, deserted from Fort Rice in April 1867, since which time he had been under charge of a guard, having been sentenced to six months hard labor to date from February 2nd. 1868. His health failed rapidly from the date of his sentence; previous to his last illness, he had been four times on sick report at the post with dysentery, bronchitis and rheumatic pains. April 2nd., sick in quarters with symptoms of scurvy. 5th., reported at sick call, complaining of weakness and pain in chest. 6th., unable to report at Surgeon's call; visited in the guard house and found semi-comatose, pulse imperceptible and extremities cold. He reacted imperfectly under stimulants and died April 7th.

Autopsy four hours after death; scorbutic blotches on legs; rigor-mortis well-marked; no emaciation; pericardium distended with bloody serum; heart as described; spleen large, dark and very soft.

Contributed by Surgeon C. C. Gray U. S. Army.

Fort Stevenson, Dacotah Territory.

(R. A. M. M. July 22nd. 1868).

No 954 (2S1E2) 8403

Portion of right auricle, in which the spaces between the muscuili pectinati are extremely attenuated; in the lower portion of the piece, the muscular structure has quite given way, leaving an oval space about an inch in length, in which the pericardium alone remains and as an exceedingly delicate membrane; when the specimen was fresh, this oval space was surrounded by a dark red ecchymosis.

Mrs K—, an old lady, a native of Washington, had suffered from heart disease for some time with

paroxysms of dyspnoea on making the slightest exertion; her pulse gave the accompanying trace with the sphygmograph; she died suddenly, a few days after this trace had been taken. The heart was fatty and presented the condition of auricle described; there was however no blood extravasated into the cavity of the pericardium; no valvular disease.

Contributed by Dr. J. Ford Thompson Washington D. C.

(R. A. M. M. January 4th. 1868).

Nos. 955 (C5S5F1) 956 (2S1E1) 8404 & 8405 957 (2S1E2) 8405 958 (6435F12) 8407 959 (7457F2) 8406 960 (5S5S6S10) 8407

Small scirrhus of left ~~bxxxxxbox~~ mammary gland.

~~(See Microscopical Section~~ (See Microscopical Sections Nos. 4615 to 4631.

Heart on the external surface of which are a number of small flat thickenings of pericardium. Cancer nodules?

~~(See Microscopical Section~~ (See Microscopical Sections, Nos. 4690 to 4693.

956 is now 50 Prm. paraffin.

Portion of pericardium with similar small cancer nodules, which however are somewhat more prominent than those in the last specimen; they vary in size from a pinpoint to a split pea.

~~(See Microscopical Section~~

958 is 51 Prm. paraffin.

Section of right lobe of liver, showing a number of minute rounded cancer nodules from the size of a pinhead to that of a pea. ~~(See duplicate Nos.~~ (See Microscopical Section, Nos. 2389 to 2393). 2321. 2322. 2332.

Spleen greatly hypertrophied, weight 70 oz., lobulated on the edges, a few cancer nodules beneath its peritoneal coat.

(See Microscopical Section, Nos. 2642 to 2655).

Uterus and appendages; ovaries converted into irregular nodulated cancerous ~~xxxxxxxx~~ masses, 1 3/4 inches long.

(See Microscopical Section, Nos. 2449 to 2467). 2234. 2299. 2316. 2327. 2331.

Martha J. Hutchinson, widow, age 43; first noticed a tumor in the right breast in June 1865. November 23rd. 1866, the tumor had attained the size of a hen's egg, was hard and uneven and

occasioned some pain; the whole gland was extirpated on that date by Professor Johnson Eliot. She recovered rapidly, but did not regain full constitutional vigor. In March 1867, her general health began to give way, during April she failed rapidly and was confined to her bed with loss of appetite and vomiting; this was followed by temporary improvement in stength, accompanied by a return of appetite which became excessive; a tumor now appeared in the left breast, and a tumefaction in left side of abdomen attracted attention; no great pain was complained of, but she gradually failed and died March 22nd. 1868. She had resided for twenty years in the District of Columbia, most of the time in East and South Washington, and had frequently had intermittent fever.

Autopsy (Dr. D. S. Lamb): extreme emaciation; nodulated cancerous tumor of left breast; lymphatic glands of axilla, neck and groin, enlarged and indurated; pleuræ and abdomen filled with straw-colored serum; lungs covered with lymph, no adhesions; congestion and some edema in lower lobe of left lung; some little serum in pericardium; uterus, liver, spleen and ovaries as described.

Contributed by Acty. Ast. Surg. George Rice.
Surgeon General's Office.
(A. A. M. M. March 23rd. 1868).

No. 961 Heart with extensive fibrinous vegetations on the mitral valve, small vegetations on the semi-lunar valves of the aorta.

S416

962 Section of right lobe of liver, presenting an irregular fibroid growth 1½ inches in diameter in its upper portion; the organ forms a convex projection on the superior surface of the organ.

S411

(See Microscopical Section Nos. 2599 to 2602, 3936 & 3937.

963 Section of spleen, presenting on its convex surface a fibroid induration just beneath the capsule, 1½ inches long and ¼ inches thick.

S457 D5

S412

(See Microscopical Section Not kept

John Carlstowne, mulatto, age 51, height 5 ft. 11 in., weight in health 190 pounds. Came under observation February 25th. 1868, complaining of pain in left side, persistent cough, frequent respiration, pulse 140, impulse of heart strong; a loud, prolonged murmur obscured the first sound of the heart. Abscess of left side of back and loins noticed March 16th.; was opened April 4th. and discharged large quantities of pus up to the time of death. April 8th. a peculiar sound was heard in the region of the heart, resembling gurgling or metallic tinkling. Died April 25th. from extensive abscess of left side of back and loins, connected with fracture and subsequent caries of the 8th. rib, the result of an injury received in a scuffle during the winter of 1866-7.

(See Surgical Section no. 5027

Autopsy (Dr. D. S. Lamb) 18 hours after death: rigor mortis slight; some ossification of costal cartilages; heart as described; right lung somewhat oedematous, congested posteriorly and with pleuritic adhesions; external basal portion of lower lobe of left lung hepatized; lung largely adherent to parietal pleura and diaphragm by thick masses of yellowish curdy lymph; the pleuritic process had reached its greatest intensity at the point of fracture of the 8th. rib, which was at its tubercle; abdomen contained a small quantity of straw-colored serum, in which floated large flakes of curdy lymph; recent peritoneal adhesions; a portion of ileum was congested with prominence of Peyer's patches; liver pale, fatty and presented the tumor described; spleen as in specimen; kidneys pale and presented a few subcapsular cysts.

Contributed by Dr. J. W. Van Arnum, Washington, D. C.
(A. A. M. M. April 25th. 1868).

No 964 8253 C11 8413

semilunar valves and part of aorta, showing an aneurismal dilatation (the size of the extremity of the little finger, which had perforated into the pericardium.

Private James Herman, "C", 29th. Infantry, aged 27. Admitted December 25th. 1867. Complained of pain in cardiac region, which had lasted for six months and incread after an attack of intermittent fever; no palpitation; exacerbation of pain and dyspnoea at night and after exercise; had not had syphilis, although there was a nest of indurated ganglia in right groin; had not had rheumatism; pulse 102 to 108, jerking; face pale; dulness over heart much increased, apex felt in fifth interspace, somewhat external to a line drawn from left nipple; harsh, systolic bellows sound over midsternum, perceptible also over cartilage of left third rib and carotids; second cardiac sound very marked; health did not appear seriously impaired. Died February 10th. 1868 after taking brisk exercise.

Autopsy eight hours after death: pericardium filled with clots and fluid blood; slight hypertrophy of left ventricle; valves perfectly normal; a round thick patch of calcareous deposit, 3/4 inch in diameter just above the aortic valves; posteriorly a small, yellowish, atheromatous spot; on posterior wall, about an inch above semilunar valves, and continuous with calcareous patch, was the aneurism as in specimen; nutmeg liver; spleen congested and of jelly-like consistence; kidneys congested.

Contributed by Assistant Surgeon E. H. Patzki
Lincoln Barracks, Washington, D. C.
(A. M. M. August 15th. 1868).

No 965 8254 C 8414

Aneurism of aorta (size of a walnut), ruptured into the pericardium, an inch and a half above the semilunar valves.

Patrick Fletcher, "E", 4th. United States Cavalry, age 42, Scot. Enlisted February 17th. 1863. Had never been on

sick report December 8th. marched twenty-five miles in a cold rain, slept on the ground, next morning marched five miles, and while engaged in pitching a tent fell suddenly, and almost instantly died. A Sergeant of his Battery stated that he occasionally complained of pain in cardiac region.

Autopsy: 26 ounces of blood in pericardium; valves normal; aneurism of aorta as in specimen; left lung adherent and engorged with venous blood; liver and spleen enlarged.

Contributed by Actg. Asst. Surg. Thomas Bowen
4th. U. S. Cavalry.
(A. M. M. June 6th. 1868

No 966 8252 E1 8415

Rounded medullary tumor 3½ inches in diameter, situated between the abdominal aorta and vena cava, and projecting into the lumen of the latter; the surface of the protusion is superficially ulcerated, the ulcer being about an inch in length and nearly as wide. The tumor was soft, vascular and presented the microscopical characters of medullary cancer.

L. A. McCord, age 33. Died suddenly October 30th. 1867.

At the autopsy, besides the tumor described, the heart and pulmonary arteries were found full of coagulated blood.

Contributed by Dr. J. Ford Thompson,
Washington, D. C.
(A. M. M. January 4th. 1868).

See duplicate No. 77.

No 967 8252 I1 8416

Right lung, black with excessive quantity of pigment.

Shadrach Crouch, freedman, age 20, from vicinity of Dover Coal Pits. Admitted December 10th. 1867.

very feble; intellect impaired; had some little cough, with dyspnoea and black sputa, which latter under the microscope appeared to consist of minute black granules. these resisted boiling in nitro-muriatic acid; there was dulness on percussion, with increase of vocal resonance, rough inspiration, prolonged expiration, occasional sibilant and sonorous rôles.

The contributor comments on the poorly ventilated cabins of the freedmen, and the use of pine wood as fuel, the walls and ceilings of the cabins being frequently coated with pine smoke.

Contributed by Act. Asst. Surg. D. R. Brower.
Howard Grove hospital, near Richmond, Va.
(R. A. M. M. July 9th. 1868).

No. 968 (42269) — Posterior portion of stomach, showing scirrhus thickening of lesser curvature, extending as far as the pylorus; the greatest thickness was 1¾ inches.
See Microscopical Section Nos. 2587 & 2589. 2729 & 2735.
(5417) Mary Williams, mulatto. Came under observation in January 1868; she presented symptoms of pleural and abdominal dropsy with albuminous urine, and ascribed her condition to certain kicks of in the abdomen inflicted six months previously, which were followed by pelvic pain and a bloody discharge from the vagina. Died March 15th.
See also Microscopical Section 2551 & 2555. 2746 & 2750. 2846.

Autopsy: general oedema; dilatation of right side of heart, especially of the auricle; heart weighed 11 oz.; right lung collapsed, pleural cavity filled with yellow serum; a pint of serum in left pleural cavity; liver adherent to splen; scirrhus infiltration of omentum; stomach as in specimen; scirrhus infiltration in coats of small intestine near its middle, the constricted bowel barely admitting the point of the little finger; similar deposits in sigmoid flexure and rectum, with diminution of their calibre; cancerous infiltration of mesentery and lumbar lymphatic glands; the pelvis

filled with a scirrhus mass, infiltrating the walls of the vagina and urinary bladder; the fundus of the uterus appears on the summit of the mass as a globular protrusion, but the ovaries could not be distinguished; the scirrhus mass was of a dull white color presenting fibrous striae to the eye

Contributed by Surgeon D. L. Peters
Fort Union, New Mexico.
(R. A. M. M. June 1868).

See

No. 969. (4433.120) 8418 — Portion of colon with pinhead ulcers of solitary follicles, and some frosting of pseudo-membrane.
See Microscopical Section Nos. 2421 & 2430 and 7284 & 7287.
Richard Tibbs, negro, age 20. Admitted November 7th. 1866. Died July 27th. 1867.

Autopsy: height 5 ft. 8 in.; weight 90 pounds; miliary tubercles in middle lobe of right lung, weight of lung 15 oz.; cavities in left lung, weight 17 oz.; aorta atheromatous; follicles of duodenum prominent; enlarged solitary follicles and elevation of Peyers patches of ileum with congestion of mucous membrane; large intestine congested, with ulcers and pseudo-membrane as in specimen.

From Freedmans hospital, Washington, D. C.
Autopsy by Hospital Steward D. L. Dana
(R. A. M. M. July 22nd. 1867).

No. 970. (4433.121) 8419 — Portion of colon near sigmoid flexure, showing extensive sloughing ulcers, many of which are only partly separated and hang from the ulcerated surface. (diphtheritic sloughs)
Mulmphs
Private John Bowers, F, 44th. Infantry, age 41, German. Admitted July 19th 1868, having been taken sick the day before. He had frequent stools of

liquid faecal matter mixed with mucus and blood; pulse 82; skin ~~dry and~~ hot; tongue coated brown in centre; thirst; anorexia; dulness of intellect. Up to the 23rd the stools diminished in frequency and the blood disappeared from them; the pain also gradually subsided. After the 23rd the stools increased in frequency, became yellowish and very offensive. 27th. abdomen became tympanitic, there was occasional low delirium, pulse increased in frequency, varying from 90 to 100, tongue became dry, temperature varied from 99 to 102. Towards death the stools became involuntary. August 2nd. Blood reappeared in the stools. Died August 3rd.

Autopsy: extensive ulceration of colon, with large sloughs partly detached from the ulcers in the vicinity of the sigmoid flexure; adipose tissue of body still abundant, as is shown by the fat attached to the peritoneal surface of the specimen.

Contributed by Assistant Surgeon John Brooke.
Washington Post Hospital.
(R. A. M. M. August 6th. 1868).

No. 971. 2/4338 Cf. 972. 2/4335 Cf. 4420 & 4421

Portion of colon with many irregular ulcers extending into the muscular coat. Cicatrices in lower part of piece. Portion of liver with an abscess cavity opening upon its upper surface, in the line between the right and left lobes.

Private William Collins, A, 13th. Infantry, age 22. Admitted to hospital October 11th. 1867. Had been on sick report from dysentery off and on all summer. When admitted had fever, dry and furred tongue, frequent watery stools streaked with blood, abdominal pain and tenderness especially in left iliac region, thirst, appetite raving, some emaciation, pulse 100 and weak. 30th. pain and tenderness over right lobe of liver. Died December 9th. exhausted and extremely emaciated. There had never been any jaundice.

Autopsy: ulceration of colon throughout its whole length as in specimen; there were several perforations just above the sigmoid flexure, which were however closed by strong adhesions, rendering the removal of the bowel difficult; in the liver was the abscess as shown in the specimen; behind the liver and diaphragm, there was a space three or four inches across filled with pus and bounded by strong peritoneal adhesions.

Contributed by Surgeon F. L. Town
Fort Shaw, Montana Territory.
(R. A. M. M. February 12th. 1868).

No. 973. 4/3302 4422

Portion of greatly distended ileum presenting on its mucous surface numerous ulcers, many of which extend through to the peritoneal coat; some patches of adhesions on peritoneal surface.

Miss I— of Washington, age 15, previous health good. April 14th. 1868, had headache, slight abdominal pain, and vomiting of acid greenish fluid. 16th. vomited stercoraceous matter. 17th., slight tympanites, pulse accelerated, slight tenderness on pressure. 22nd. stercoraceous vomiting still continued. 23rd. a small faecal passage, the first during the illness; pulse 125 and weak. From the 24th. till death May 2nd., abdominal pain and tenderness increased, stercoraceous vomiting and constipation continued. constipation

Autopsy: colon empty; ileo-coecal valve patulous; no intestinal obstruction could be discovered; but the ileum throughout the greater portion of its length was enormously distended with feculent matter, its mucous membrane extensively ulcerated as in specimen; there was peritonitis and one or more perforations.

Note. In the portion of ileum received at the museum, the perforations were not shown.

Contributed by Dr. N. H. Combs, Washington, D.C.
(R.A.M.M. May 4th. 1868).

No. 974 C433NB 4423 — Sections of Tænia Solium.
Contributed by Assistant Surgeon J. F. Weeds.
Fort Sumner, New Mexico.
(R.A.M.M. July 14th. 1868).

No. 975 C537B2 4424 — Bladder thickened; mucous membrane ulcerated, and presenting several pouches, caused by protrusion of mucous membrane through bundles of fibres of muscular coat; prostate gland greatly enlarged.

John Jolliffe, age 64. Had had dysuria for seven or eight months when first seen March 15th. 1868; then had retention of urine. Notwithstanding medical treatment and daily catheterization, febrile symptoms of a low type were gradually developed; stupor set in, terminating in coma and death on the 28th. The urine had been normal in quantity to the 25th. after which it rapidly diminished; it contained mucus, pus, a little blood and a trace of albumen.

Autopsy: kidneys enlarged and somewhat fatty, their pelves distended; each presented a few subcapsular cysts; bladder and prostate as in specimen.

Contributed by Dr. D. C. Patterson, Washington, D.C.
(R.A.M.M. March 29th. 1868).

Transactions of the Medical Society of the District of Columbia.

No. 976 C535B11 4425 — Single cyst of right ovary, which contained two gallons and a half of light colored serum; two small cysts in left ovary, the largest containing two drachms of dirty yellow fluid; small cysts in mucous membrane of os uteri.

From the body of a woman 59 years of age, who died of pneumonia April 23rd. 1868.

Contributed by Dr. C. M. Ford, Washington, D.C.
(R.A.M.M. April 27th. 1868).

* See Medical Section 948. It is not clear to which case the sections belong, or whether they do not belong to a case of J. N. Thompson. See Microscopical Catalogue, 2296, 2301, 2314, 2325, 2330.

No. 977 C535E26 4426 — Rounded mole 2 inches in diameter, its interior occupied by a single cavity, walls undulated, and about a third of an inch thick at thickest part.

Mrs. E. R. T— age 33, mother of eleven children; had never previously had a miscarriage; general health good; youngest child eight months old; menstruated during five months after the birth of the child, but not in the subsequent three months. July 22nd. 1868, being fatigued by a walk, had slight uterine hemorrhage with pain in back and abdomen. 27th. labor pains set in and the mole was expelled.

Contributed by Dr. J. W. Van Arnum, Washington, D.C.
(R.A.M.M. July 28th. 1868).

No. 978 C8-20 4427 — Left carpus and metacarpus with some phalanges attached; the fifth metacarpal bone presents at its phalangeal extremity two distinct articular facets, each of which supported a finger; the first phalanx of one alone of these fingers is attached to the specimen.

No. 979 C8-21 4428 — Left foot of same patient; the fifth metatarsal bone presents an enlarged head, which supports two toes.

From the body of a negro woman about 40 years of age.

Contributed by Dr. Johnson Eliot, Washington, D.C.
(R.A.M.M. August 14th. 1868).

No 980. C45 I 10 4429

A number of biliary calculi, about the size of peas, composed chiefly of cholesterine.

From a case of amyloid degeneration of liver and spleen. The whole number of calculi found was ninety-seven.

Contributed by Assistant Surgeon J. H. Patzki.
Lincoln Barracks, Washington, D. C.
(R. A. M. M. July 22nd. 1868).

No 981. C45 I 11 4430

Two biliary calculi, presenting distinct facets and the size of small hazel-nuts; composed of cholesterine, with much pigment, the latter giving them a dark brown color.

From the Gibson Museum.
(R. A. M. M. April 29th. 1868).

No 982. C45 I 12 4431

Biliary calculus, composed chiefly of cholesterine; with distinct facets and the size of a large hazel-nut.

No history.
From the College of Physicians, Philadelphia.
(R. A. M. M. March 16th. 1868).

No 983. C45 I 13 4432

Half of a round biliary calculus, one inch in diameter, composed chiefly of cholesterine.

No history.
From the College of Physicians, Philadelphia.
(R. A. M. M. March 16th. 1868).

No 984. C8-22 4433

First and fourth ribs of left side, malformed; the first is bifid posteriorly with two articulating extremities; the fourth shows a tendency to become bifid anteriorly, but is unfortunately broken so that the extent of this modification cannot be determined.

From the Gibson Museum.
(R. A. M. M. April 29th. 1868).

No 985. C8-23. 4434

Deformed female foetus at full term, presenting acrania; the two cerebral hemispheres being represented by a rounded tumor, with constricted base and divided into two lateral lobes by depression; the want of development of the cranial bones has extended to the posterior part of the vertebrae; the spinal cord is exposed as far down as the sacrum.

This deformed foetus was born alive November 21st. 1856 and lived a few minutes; the mother, who had Dantes-lateral curvature of lumbar vertebrae, had previously had two dead children, but since had given birth to four healthy ones.

Contributed by Dr. F. H. Day
Waukesha, Milwaukee Co., Wisconsin.
(R. A. M. M. April 16th. 1868).

No 986. C45 I 14 4435

Four sets of small cholesterine calculi with facets.

From the Gibson Museum.
(R. A. M. M. April 29th 1868).

No. 987 Ch. 27 8436

Foetus at term, with lower extremities fused together throughout their whole length, toes turned outwards, soles of feet projecting forwards; extremities otherwise apparently well formed; imperforate anus; genital organs represented by a small tubercle in the neighborhood of the pubes

This was the first child of a white girl of 17 years, who for two years had suffered from violent hysterical convulsions.

Contributed by Dr. C. M. Ford.

Washington, D. C.

No 988 Ch 9 A 7 8437

Sigmoid flexure, terminating in a cul-de-sac, about an inch above the normal position of the anus, with which the cul-de-sac is connected by an imperforate fibrous band; the anus is represented by a blind depression, which externally appeared normal.

From a female white child, which died the sixth day after birth. From the practice of Dr. J. M. Toner, who presented it to Dr. Johnson Eliot.

Contributed by Dr. Johnson Eliot

Washington, D. C.

No. 989 Ch. No. 5 8438

Two supernumerary fingers.

Removed by scissors from the hands of a new born infant, colored; the second child of a healthy mother, whose first child was also healthy

Contributed by Dr. H. W. Brooks.

Washington, D. C.

No. 990 Ch. G. No. 123. 8439

Portion of transverse colon, contracted, much thickened, and with numerous follicular ulcers of various sizes. (See Microscopical Section). See Microscopical Section No. 99 Mus Repr

Private John Crowley, "G", 6th. United States; admitted to Post Hospital, Charleston, from Darlington, S. C. July 3rd. 1867, with chronic dysentery. Died November 30th.

Autopsy: colon throughout as in specimen, except that the follicular ulcers were more minute in the caecum and ascending colon; other abdominal viscera healthy.

Contributed by Assistant Surgeon J. C. Cappernell.

Charleston, S. C.

See Microscopical Section, Nos. 7288 to 7292.

No. 991 Ch. G. K. 1

Portion of upper lobe of right lung with dilated bronchial tubes and emphysema.

No. 992 Ch. G. S. No. 15. 8440 No 8441

Two gall stones and a fragment of a fourth, weighing 160 grains, composed chiefly of cholesterine and coloring matter.

Andrew Morrison, age 79, died August 25th. 1868, in Washington Asylum, D. C.

Contributed by Assistant Surgeon E. Seelby

Washington, D. C.

No. 993 Ch. No. 26 8442

Malformation of right external ear. Casts in yellow wax and plaster.

Private John Bell, "K", 10th. United States Cavalry (colored), age 25, born at Savannah, Ga; deformity of ear congenital; fossa imperfectly developed; tragus represented by a small tubercle and the meatus auditorius by a shallow cul de sac, lined by integument and

without suppurative glands. The penis of the left ear was quite small but otherwise normal; when the left ear was closed, he could not hear the ticking of a watch at a distance of a quarter inch from the right ear, but heard it distinctly when the watch was pressed against the ear.

Contributed by Assistant Surgeon G. M. Sternberg.
Fort Riley, Kansas.

No. 994 Wax cast of cerebrum, showing an apoplectic clot between the dura mater and middle lobe of left cerebral hemisphere.
S4443 From the Libby Museum.
Richmond, Va.

No. 995 Portion of caecum and ascending colon, thickened, with extensive ulcers, penetrating in many places to the muscular coat.
S4444 Private Thomas Jones, "C" 8th. United States Infantry, age 35, of full habit and intemperate. Admitted to hospital October 21st. 1868 with dysentery. Had had looseness of the bowels for some time, but paid no attention thereto until the bloody flux appeared. When admitted had tormina, tenesmus, anorexia, insomnia, headache, great thirst; skin hot, dry and harsh; tongue heavily coated; 15 to 20 stools daily, mucosanguineous, scanty and liquid. 23rd., complete suppression of urine, which continued for twenty-four hours. His general condition changed but little in essential respects through the course of the disease, except that there were some days of comparative freedom from pain, with infrequent stools, better appetite, sleep &c; the emaciation though masked, was not extreme; the tongue cleared after the third day and became light red, soft and moist; hardening and drying towards the last; there was great pain on pressure along the colon, particularly in the right iliac fossa; severe hypochondriac pain also attendant upon respiratory action, defined as a 'stitch in the side'; the stools became less mucous and more bloody towards the last; the fecal portion was always liquid, dark and fetid; the blood mostly dark and grumous, occasionally mixed with some of more florid hue; until within a few hours before death there was no aggravation of symptoms & Died suddenly November 11th. From arterial hemorrhage per anum, while straining at stool; a pint of blood was lost.

Autopsy: no lesions observed in any organ except the liver in which there was a large abscess pointing through the diaphragm towards the right pleura, commencing to point below, several square inches of the under surface being soft and of a dull green color; and the large intestine, which from the ileo-caecal valve to the anus was intensely inflamed, thickened and indurated; patches of the mucous membrane were soft, sloughing, or already disorganized, exposing large ulcers where the sloughs had separated, in some places penetrating to the muscular coat; these lesions were most marked at the caecum and ad-

joining part of colon, thence extending to Ileum but not invading Ileum.

Contributed by Assistant Surgeon Elliot Coues, Post Hospital, Columbia, S. C.

No. 996. U.S.A. 1125 8445

Portion of caecum and ascending colon, with extensive patches of ulceration, invading the submucous, in some places the muscular coats; comparatively small patches of nearly normal mucous membrane, presenting small follicular ulcers.

Private Charles Smith, "K", 8th. United States Infantry, age about 21, slightly built and of good habits. Admitted October 11th. 1868. Had previously had malarial fever. The dysenteric symptoms were essentially as in No. 995, but the disease having lasted longer, the emaciation was extreme; toward the last the stools were involuntary with little or no blood except during the final two days, when the amount of grumous blood was considerable. The tongue, after having cleaned, acquired a hard, broken crust; the patient's general aspect resembling typhoid fever. There were many remissions, at first occurring every few days, afterwards less often; the symptoms once abated so decidedly that their subsequent recurrence might almost be regarded as a ~~distinct~~ true relapse after partial recovery; during the last few days the pulse ranged from 120 to 146. Died gradually, apparently from exhaustion, November 16th.

Autopsy: colon inflamed; extensive ulcers in caecum

cers in caecum; a few follicular ulcers in the patches of nearly normal mucous membrane; ileum normal.

Contributed by Asst. Surg. Elliot Coues Post Hospital, Columbia, S. C.

No. 997 U.S.A. U.S. 1126 8446

Portion of caecum and ascending colon; the mucous membrane which has apparently been coated with pseudo-membrane, is in a sloughing condition; one slough nine inches long, still attached at one extremity, hangs from the upper portion of the piece.

Private Donald Gray, "K", 8th. United States Infantry, age about 40, intemperate. Admitted September 12th. 1868 with general debility from intermittent fever and phthisis, the symptoms of the latter not severe. The fever disappeared under proper treatment and the general condition improved, until the dysenteric symptoms appeared; these were at no time as severe or continuous as in nos. 995 and 996, nor did they adequately express the highly diseased condition of the colon, found after death; they were purely intermittent, like the original malarial disease; at times he had but one or two stools daily with but slight pain; generally the stool appeared like those in ordinary diarrhoea, with little or no mucus, but in the exacerbations, averaging one a week, the tormina and tenesmus were severe; tongue furred or red and clean, the stools as many as twenty daily and quite bloody.

This was the character during the final week; vomiting of greenish mucus accompanied the exacerbations, and, was a frequent and distressing symptom; the suffusion of urine was less marked than in nos. 995 and 996. Died November 28th.

Autopsy: a few tubercles at apex of left lung; upper lobe of right lung full of tubercles; a moderate cavity filled with muco-pus; drunkards liver; slight congestive reddening of mucous membrane of stomach; walls of large intestine enormously thickened and indurated, except in part of the caecum where it was comparatively thin and rotten, readily tearing when removed; mucous membrane disorganized and sloughing from nearly the entire tract, in some places, hanging in long, slimy shreds; the tube appeared unaccountably short; lower part of ileum thickened and coated with pseudo-membrane

Contributed by Asst. Surg. Elliot Coues
Post Hospital, Columbia, S.C.

See Microscopical Section, Nos. 7293 to 7295.

No 998. U.S.D.S. 8447

Portion of brain through which a perpendicular section is made in the median line; showing a large coagulum of blood in the fons Varolii extending also into third and fourth ventricle, lateral ventricles and adjacent portion of base of brain.

Francis G. MacNamara, aet 33 yrs, found dead in his bed early morning of December 17th. 1868; age about 33; it was said to have been of dissolute habits. Three weeks previous to his death, he fell against the window of his room, inflicting an incised wound over the right temple, which bled freely; Bleeding re-started three days later, it again bled profusely; On the night of the 16th. his breathing appeared slightly intoxicated, and stertorous breathing was heard in his room by an other occupant of the house

Autopsy: Blood flowed freely on raising the calvarium, and a large clot was found about the fons Varolii; ventricles filled with coagula; slight old adhesions of right pleura; an ounce of fluid in pericardium; heart enlarged, valves healthy; atheromatous deposit in larger vessels; stomach inflamed, especially about the pyloric orifice; liver cirrhosed; incipient granular degeneration of kidneys; spleen soft; blood dark and fluid, and vessels bled freely. The wound on the temple had cut the temporal artery.

Contributed by Asst. Surg. Edwin Gentley
Washington, D. C.

No. 999. U.S.A.M.D. 8448

Portion of placenta, presenting a nodule of inflammatory induration about the size of a walnut. See Microscopical Section, Nos. 4541 to 4546. also (?) 4738 to 4740.

Mrs. H. Rick, German, age 36; delivered of a dead male infant December 24th. 1868, breech presentation; placenta remained adherent, and there was hour-glass contraction of uterus; placenta was detached by the hand of the Medical attendant, and patient made a good recovery. She had had no trouble in her eight previous labors

Contributed by Dr. E. de N. Brannaman
Washington D. C.

No. 1000 6.9.5.12 4449

Uterus and appendages, with cyst of right ovary, three inches in diameter; some parietonal adhesions on exterior of cyst.

Patient died of phthisis pulmonalis in the 34th. year of her age; she did not complain during life of any symptoms indicative of ovarian and uterine disease.

Contributed by Dr. J.H. Thompson
Washington, D.C. Columbia Hospital

No. 1001 6.4.5.18 4450

Portion of lower ileum with diverticulum, the apex of which is attached by a fibrous band four inches long to the adjacent mesentery.

Contributed by Asst. Surg. E. Bentley
Washington, D.C.

No. 1002. 6.4.5.10. 4451

Scirrhus cancer of pyloric extremity of stomach. See Microscopical Section, Nos. 2579 to 2586.

[Case of Rev. Dr. P.D. Gurley]. Patient, age 50, had suffered a long time from dyspepsia, afterwards from symptoms resembling biliary colic, finally with symptoms of gastric cancer. Died September 30th. 1868.

Autopsy: a number of biliary calculi found in gall-bladder and condition of stomach as in specimen.

Contributed by Surg. L. A. Edwards
Washington D.C.

No. 1003. 6.4.5.11.27 4452

Portion of colon, showing well-consolidated cicatrices.

Charles Gray, mulatto, reported to have been a soldier, afterwards an officers servant. Admitted to Washington Asylum May 1st. 1868. Shortly afterwards he received a slight wound over right supra-orbital ridge, followed by symptoms of tetanus, from which however he recovered. In the following November, after going about barefoot and being otherwise exposed, he was taken sick and died November 11th. For six months previous to death he had not suffered from any abdominal disease.

Autopsy 10 hours after death: young adult; body well-developed; rigor mortis well-marked; cicatrix over forehead; nearly a pint of straw colored liquid in left pleura; complete consolidation of entire left lung; pleura roughened with a well-defined layer of coagulable lymph; right lung normal; an ounce of fluid in pericardium; heart normal except an opaque spot on external surface of right ventricle; well-defined cicatrices over entire surface of large intestine

Contributed by Asst. Surg. E. Bentley.
Washington, D.C.

No. 1004 6.6.2.7a.25 4453

Last two dorsal and upper three lumbar vertebrae, each dorsal vertebra presenting tubercular cavities in their bodies; the last dorsal and first lumbar have bony outgrowths on their adjacent edges.

Robert Gilden, mulatto, age 19. Admitted to Freedmans Hospital, Washington April 26th.

1868 with consumption. Died May 8th. Had been in hospital several times before; after getting a little better, would go out, returning in a few days or weeks; claimed to have contracted his disease while a soldier; was treated with cod liver oil, whiskey and muriated tincture of iron, but steadily grew weaker and died somewhat unexpectedly. There had been no embarassment in the movements of the limbs.

Autopsy 16 hours after death; rigor mortis well-marked; weight 108 pounds; much emaciation; near the last dorsal or first lumbar vertebrae was a fistulous opening, said to have recently broken out, which had been treated as a boil; nearly an ounce of bloody serum in brain membranes; right lung strongly adherent; no tubercle in lungs; heart flaccid; white blood clots in right side; bronchial glands much enlarged, not cheesy; liver fatty, weighed 48 oz.; spleen soft and pulpy, weight 4oz.; right kidney weighed 5½ oz., left 6oz.; lying on the left quadratus lumborum muscle was a pendulous sac, containing a pint of well-formed pus, which was traceable to caries of the bodies of the last dorsal vertebrae.

Contributed by Asst. Surg. C. Bentley
Washington D.C.

No. 1005. 1482 C.11. 4454 4455 1006. 6.4.4.3.

Pyloric half of stomach, the whole mucous membrane of which is thickly beset with polypoid growths branching dendritically, and forming a considerable mass in the neighborhood of the pyloric orifice. [Villous cancer.] Portion of diaphragm, the peritoneum covering which presents a number of cancer nodules the size of small shot.

Edmund Graves, indigent freedman, from Henrico Co., Va., age 30. Admitted June 6th 1868. Much emaciated; extensive loss of muscular power; eyes sunken; conjunctiva very yellow; anorexia; food vomited as soon as taken; no abdominal tenderness; no special pain; persistent, severe hiccough; soft, distinct bellows murmur with first sound of heart, audible in the course of the aorta; pulse small and weak. Gave cod liver oil, iron, quinine; nutritious food in small quantities at frequent intervals. Died June 18th.

Autopsy: heart healthy; stomach much enlarged and contained a large amount of partly-digested food having the appearance of coffee grounds; its mucous membrane as in specimen; mesenteric glands around stomach much enlarged and filled with cancerous matter; peritoneum on under surface of diaphragm studded with minute cancer nodules.

Contributed by Actg. Asst. Surg. D. L. Brewer
Howard's Grove Hospital, Richmond, Va.

No. 1007. 6.4.3.C3. 8456

Large umbilical hernia, which formed an oval tumor 13 inches in length, & in diameter, and proved fatal by strangulation, followed by local peritonitis and gangrenous inflammation of walls of tumor, January 27th. 1869. Pathological Section, Nos. 2713 to 2721.

From a light mulatto woman, age 44. The hernia first appeared fifteen years before death, and was caused by a fall during a pregnancy. She had previously borne three children, all of whom died in infancy; afterwards had three miscarriages at four months. The strangulation was attributed to an effort at walking a few days before death.

(By Actg. Asst. Surg. D. L. Lamb)

Autopsy six hours after death; weight 240 pounds; rigor mortis in limbs well-marked; skin over hernia black with sphacelus, its cutis largely denuded of epidermis; some hypostatic congestion of lungs; a few slight pleuritic adhesions on right side; heart large, unusually covered with fat, muscular tissue dark, cavities contained coagula; liver fatty; capsule of spleen showed white spots of old inflammation; left kidney much congested, with fat lazily deposited in its pelvis; uterus enlarged, several serous cysts and peritoneal adhesions on its surface; cyst and adhesions of right ovary; intestines near umbilicus somewhat congested; four inches of fat on abdomen; fat largely deposited upon all the viscera and over entire body.

Contributed by Dr. E. L. Kimball
Washington, D.C.

No 1008 Chest. Sec. I. D. 23 8457

Portion of heart and aorta with thickening and calcarious deposits in semilunar valves, the margin of one of which is adherent to the aorta in such a manner as to prevent closure of the valves; large deposits of calcarious matter in aorta above the valves.

Recruit John Cooley, 1st. Provisional company, age 51. Reported at sicks call April 15th. 1868, suffering under slight bronchitis. Returned to duty on the 18th. Taken sick October 5th. with gastritis. Returned to duty on the 20th. Reported sick December 26th. with the following symptoms: dull pain over right lung and beneath right scapula, increased on inspiration; night sweats; dyspnoea; paroxysms of coughing; sputa frequently tinged with bright frothy blood; dulness on percussion over upper lobe of right lung; respiration very limited over right side of body; heart much enlarged, apex felt below ensiform cartilage; friction sound and cardiac murmur plainly detected; force of heart's impulse greatly increased; pulse 120, full and strong; appetite variable; occasional diarrhoea. He improved much during the Winter but about the middle of March grew worse. dropsy set in and he died April 14th. during a paroxysm of dyspnoea. For a day or two before his death he expectorated much purulent matter containing a quantity of bright blood.

Autopsy 12 hours after death: body much emaciated; rigor mortis well marked; pleura of right side firmly adherent; a pint of bloody serum in left pleural cavity; lungs healthy; weight of heart 25 oz.; aortic valves as described; other organs healthy.

Contributed by Act. Asst. Surg. H. C. Yarrow.
Post hospital, Fort Wood, N. Y. Harbor.

No 1009 6.4.5.I. 16. 8458

Portion of gall bladder, containing two large cholesterine calculi.

From an aged colored woman, who had cancer of the uterus and ovaries.

Contributed by Hosp. Std. C. E. Williams
Army Medical Museum.

No. 1010 6.5.2.1.C.16 1011 6.5.2.1.C.17 8459 Li. 8460

Left kidney greatly enlarged, 10 x 5 inches, containing many large-sized cysts, all of which are displayed by section.

Right kidney of same patient, enlarged to twice its natural size and slightly fatty.

Private Robert Critchley, Light battery "F", 5th. Artillery, age 23, Irish, single. Admitted March 19th. 1869 with acute diarrhoea. 22nd. pain over bowels. 26th. slight enlargment on left side, over region of spleen, which was painful on pressure. Died May 3rd. At no time did he complain of pain except over the region of the bowels. There were no symptoms pointing to disease of the kidney. From the beginning the general health of the patient suffered greatly. he became excessively emaciated and finally sank from exhaustion.

Autopsy: the enlarged left kidney appeared as a tumor, extending upwards, pushing the splen against the diaphragm; to this tumor some portion of the small intestine was closely adherent; the descending colon passing over it, was pressed against the abdominal walls; the other portions of the abdominal viscra were in a healthy condition, except the right kidney, which was more than twice its natural size, but in its natural condition; the cysts of the left kidney contained about thirty ounces of a fluid resembling pus.

Contributed by Act. Asst. Surg. T. E. Barbarin
Post hospital, Sedgwick Barracks, Washington.

No. 1012. 6.8.No.27. 8461

Casts of a case of exstrophy of bladder in a female, in which a plastic surgical operation was performed by the contributor. See New York Medical Gazette 1869 XXXIV. No. in my museum number.

Contributed By Dr. Daniel Ayres.
Brooklyn N.Y.

No. 1013 6.5.2.1.1. 8462

Portion of upper lobe of left lung, the inner edge of which is firmly adherent to a mass of medullary carcinoma, which in the subject filled the anterior mediastinum, and bound together the lungs and pericardium; also a portion of pericardium attached to pleura, pre septo medullary masses of various sizes.

No. 1014 6.4.6.5.F.13 8463

See Micro Special Section, Nos. 3871 to 3896. 3909. 3942 to 3944. 3954 3946. 3959 to 3961. 4078 to 4083.

Section of liver presenting nodules of medullary carcinoma. See Micro Special Section, Nos. 3938 to 3941. 3957 to 3908.

A man age 52, rather fleshy, generally healthy, but suffering with periodical headache, was attacked three years before death with paroxysms of pain in abdomen, which recurred from three to four times a year with variable severity. The other symptoms during his illness, were paroxysms of mental depression, periodical nausea and formation of a tumor in the region of the liver, the modulated character of which was perceptible through the abdominal parietes; also occasional dyspnoea, asthmatic breathing with severe palpitation of heart, especially after excitement or effort, expectoration of sticky sputa and bulging of superior portion of sternum.

Autopsy: body emaciated; face, neck and right arm oedematous; anterior mediastinum filled with a dense

encephaloid mass 3½ inches wide, which was adherent to sternum, pericardium, edges of lungs and great vessels; lungs free from carcinomatous nodules, but edge is adherent to carcinomatous mass and appeared in some places to have been invaded; heart, much atrophied, measuring 3 inches in length and 2½ in thickness, displaced, lying immediately in median line; large carcinomatous deposits around pylorus; liver enlarged, entire surface mottled with grayish white carcinomatous masses, varying in size from a pea to three inches in diameter; mesenteric veins engorged with blood.

In Microscopical sections
Contributed by Dr. H. P. Agnes
Fort Wayne, Ind.

No. 1015 6.3.2.16 8464

Section of lung from cow, dead of pleuro-pneumonia; upper portion of piece nearly normal; lower down the trabeculae of connective tissue between the nearly healthy lobules, are much thickened by inflammation; when fresh they were a bright yellow color; ~~still~~ in lower portion down, the lung tissue of lobules is hepatized.

In Microscopical Sections 2278 to 2286. 2768 to 2823. 2824 to 2833.
Contributed by Prof. John Gamgee.

No. 1016 6.8.16.18. 8465

Skull.
Cranium of an acephalous foetus.
From Smithsonian Institution.
Washington D. C.

No. 1017 6.5.5.17 B29 8466

So-called hydatid mole, composed of cysts varying in size from a pinhead to a pea.

In Microscopical Section
From Georgetown College Washington.

No. 1018 6.4.5.17 8467

Cholesterine gall stone, weight five grains discharged from an abscess in the abdominal walls, over the region of the liver, during 1864.

The patient was a lady 70 years of age, who had previously suffered from severe spells of hepatic colic. She is now, 1869, in good health.

Contributed by Hosp. Sd. Coward Payne
Surgeon General's Office.

No. 1019 6.4.7.13. 8468

from spleen
Lobulated tumor, ¾ inch in long diameter, composed of fibroid tissue, which has undergone calcification.

Private James McCluskey, 9 1st. New York, died at Marine hospital, New Orleans, La. during June 1863, of dropsy of pericardium. Had been subject to severe paroxysms of intermittent fever; spleen contained the calcareous mass above described, but was otherwise normal.

In Boston Medical and Surgical Journal
Vol. 68, p. 443
Contributed by Dr. Isaac Smith, Jr.
Fall River, Mass.

No. 1621 1595 B9 4469

Globular fibrous tumor, five inches in diameter, attached to inner surface of fundus of uterus; a portion of fundus greatly distended, covers up a part of the tumor; left ovary attached.

See Microscopic Section, Nos. 3427 to 3429. 3762 to 3769. 4046 to 4052.

Sister Philomena, O. S. D., age 43, had in 1864 an attack of acute dysentery, accompanied with extreme tenisma and retention of urine, for which the catheter had to be employed for weeks. Soon after a protrusion was observed from the vulva, which was supposed by her medical attendant and subsequently by several other physicians to be the prolapsed uterus; it was easily returned but could not be retained by any contrivance she was able to bear, so that it habitually hung between the thighs, to the extent of four inches. Menstruation somewhat irregular, often in excess, the discharge coming always from the perfectly natural os tincae at the extremity of the protrusion. Extreme cleanliness prevented the latter getting sore.

Somewhat over a year ago (i.e. in 1868) some of the sisters and scholars observed a marked alteration in P—'s form, which she herself had not previously noticed, but upon examining herself, found a swelling proceeding from the right groin extending upwards; it was perfectly movable, rolled over on turning to the left, could be elevated and depressed with ease, gave no pain on handling, and never struck her as being in any way connected with the prolapse. Her general health, after recovering from the dysentery, was moderately good. Dr. Holston was called to see her early in July 1869. She was apparently in good general health, weight nearly 200 pounds, quite fat; protrusion as described, presented the appearance and size of the virgin uterus, somewhat atrophied, covered by the vagina; the fingers could be clasped above and encountered through the mucous wall only a cord of somewhat hard consistence; the uterine sound entered about 2¼ inches. Dr. H— as well as his predecessors considered the protrusion as the uterus, and returned it, the patient lying on her back with knees drawn up; it remained within the vagina during the subsequent steps of the examination. The uncovered abdomen presented the appearance of the last term of pregnancy; tumor discovered reaching almost to the sternum, globular, insensible, quite movable in every direction; percussion gave the clear resonance of the intestines, above on each side; the hand could be pressed considerably under the tumor, so that it could be elevated with ease from the pubis; the tumor itself gave an obscure sensation of fluctuation, the obscurity being ascribed to the thick abdominal covering of fat and the thickness of the cyst; the finger being introduced per vaginam encountered nothing of the tumor, nor was any motion imparted to the cervix on rolling or elevating the swelling; the uterine sound was introduced as before and about the same distance, the uterus could apparently be fully moved by it, while no motion of the tumor communicated the slightest motion to the long handle of the sound external to the vagina. The conclusion was irresistible that here was a unilocular ovarian tumor, un-

attached and most favorable for removal. P— as well as sister Columba, who had all the time been present, were so informed, a consultation requested, but from feelings of delicacy, declined, and the case placed entirely in Dr. M—'s care.

Soon after her next menstrual period he saw her and found a similar state of things; with great difficulty permission was obtained to call in the former medical attendant; he called in the absence of Dr. M—, gave no opinion, and politely declined assisting at the proposed operation on the plea of urgent private practices. Contrary to Dr. M—'s advice the patient was removed from her quiet convent home to Providence Hospital. She had a dose of oil in the evening and enema the following morning. Dr. M— operated next day assisted by a number of prominent physicians of the city.

A full history of the case was given to the assistants; the patient was placed in the usual position for ovariotomy, Dr. M— standing between her legs; the protrusion had been previously reduced and retained by a Meig's ring pessary. A superficial examination having been made by the assistant physicians after she was under the influence of chloroform, the catheter was inserted to empty the bladder; the abdomen was opened by an incision in the linea alba about four inches in length, perforating a 1½ inch thickness of fat, and exposed the tumor, which presented the usual appearance of an ovarian tumor; examination proved it perfectly free from adhesion and quite movable. As yet there was no misgiving as to its nature. A large curved

~~handled~~ was passed needle, armed with a thick cord, so as to have control of the tumor. Here the first indication of evil appeared. Dr. M— was sensible that he had not fully penetrated to the interior. A copious flow of mucus, strongly mixed with venous blood, followed. The principal surgeon present remarked that the cyst was very thick, to which Dr. M— replied that he feared it was a solid tumor. Fluctuation still apparently present; a large curved trocar was plunged in to the depth of 1½ inches, no fluid followed. The abdominal incision proving insufficient for the exit of the tumor, the incision was prolonged to above the umbilicus. By drawing on the cord and pressing the base of the tumor down, it popped out readily and was followed by the whole mass of lesser intestines, the two gentlemen stationed at each side with flannel compresses being unable to retain them. The error in diagnosis was now clear. The organ being already wounded, extirpation was deemed the safer course, and as the ovaries both presented the hydatid form of degeneration, all present assented to Dr. M— 's proposition to include them. One gentleman asked if there was not something in the tumor, evidently suspecting pregnancy; the question was fatally answered by a clearing incision. The removal was easy. The uterine neck was enormously elongated so as to form a thin pedicle, the ovaries and fallopian tubes lying close by its side. The part in the vagina was now found to be the elongated, hypertrophied neck of the uterus, including the bulb; on lifting the uterus for-

wards, the sound could be introduced with some difficulty 2½ inches farther than before and than when it was partially filled back. The pedicle, formed of the inverted cervix and a portion of the ligaments was now included in the common ovarian clamp and screwed down into a very slender compass and all beyond the clamp removed; for security an additional double ligature was passed below the clamp. No bleeding. Intestines with some difficulty reduced, cavity cleansed and wound closed with silver and silk sutures, the clamp lying across the lower part of the incision without much traction. Charpie moistened in solution of carbolic acid was applied over the clamp and lower part of the wound, broad adhesive straps between the stitches; a flannel bandage pinned over all. She was placed in bed at 12 M. July 28th. 1869, the operation having lasted three quarters of an hour. She was placed on her back, her shoulders a little elevated and her knees bent and supported by hard cushions. She recovered well from the chloroform, was free from pain and only complained slightly of the pressure of the clamp. Examination per vaginam, proved the cavity intact, and still conveyed the feeling of the uterus in situ. She seemed to have suffered little shocks, was cheerful and strong, directed absolute quiet, little lumps of ice when desired, opium as required.

6 P.M. The house surgeon, having failed to introduce the catheter, Dr. H— was called and introduced it, the difficulty being a flattening of the urethra against the pubis;

drew off ʒviij of healthy urine, which quite relieved her; pulse 84; thermometer 97; tongue clean; surface cool; mind cheerful; no appetite nor thirst. Catheter left in urethra, a thick cloth placed under it, which the attendants were strongly charged to change when saturated.

29th. 8 A.M. pulse regular, 84; thermometer 97 3/4; tongue clean; mind cheerful; complained no more of the clamp; had taken bits of ice only; the cloths however had not been changed, and she almost floated up to her neck in a puddle of sharp urine. With great caution the wet clothes were removed and dry substituted, after which she was evidently weaker. This was the turning point.

12 P.M. Pulse 120; thermometer 99½; tongue clean; intellect clear; as soon as the water from the ice was warm, it was regurgitated without proper vomiting. Had undoubtedly suffered secondary shock. Catheter again applied, armed with a rubber tube to conduct the urine out of the bed; a pint of water was drawn off and continued to be discharged by the tube.

6 P.M. thermometer 96; urine flowing through tube; regurgitation continued; no pain.

11 P.M. feeble. Ordered enemata of beef tea and brandy, and beef tea by mouth if retained.

30th. 8 A.M. had been restless during the night; for about two hours had suffered severe pain; though request was made for the house surgeon and Dr. H.— neither were called; she had not received the enema; pulse feeble

and uncertain; thermometer 104½; tongue clean; intellect clear; regurgitated everything, but retained enema of beef tea and brandy given by Dr. C—. She was informed of her imminent danger and was attended spiritually without being made worse.

1 P.M. pulse intermittent; extremities cold to elbows and knees; tongue clean and cold; intellect perfect, speech strong. Applied warmth without result, evidently dying. Died at 6 P.M. having for the last hour gradually become drowsy.

No post mortem allowed. Though the wound was closed and the pedicle had contracted solid adhesions to the parieties of the abdomen. The case would undoubtedly have recovered but for the error enumerated. The morning after the operation she was in so pleasant a state, urine excepted, that an experienced surgeon expressed his astonishment at her good state and said he made no doubt of her recovery.

Contributed by Dr. J. J. H. Holston
Washington, D. C.

In Med. & Surg. Rep. Philadelphia Oct. 16th. 1869 p. 319.

No 1021 6483.7.18. 8470

Uterus and ovaries; each ovary converted into a fibrous tumor nearly the size of an orange; a multilocular cyst 4 in inch in diameter attached by a pedicle to the superior margin of left ovary.

Mrs. B—, age about 50. Treated for some time for uterine trouble; diagnosis doubtful; abdominal dropsy supervened

toward the last; no other symptoms however of renal disease. Died August 12th. 1868

Autopsy next day; abdomen only opened; cavity contained over two gallons of saline somewhat turbid serum; no unusual injection of peritoneum; intestines normal; liver and kidneys appeared healthy to naked eye; uterus and ovaries as in specimen.

Contributed by Dr. C. M. Ford
Washington, D. C.

No. 1022. 6483.7.18. 8471

Portion of ileum from near ileo-coecal valve with thickening and ulceration of Peyer's patches

August Dönoreman, Private, "A", 18th. United States, age 22, born in Hanover, Germany, carpenter, single, sober. Arrived July 3rd. 1868, having marched from Fort Reno, D. T. 280 miles. 14th. had felt languid for several days; complained of debility and constipation. Gave a mild cathartic; sulphate of quinia gr iij three times daily. Treated in quarters till the 17th.; then admitted to hospital. Weaker; appetite poor. Gave beef tea three times daily. 18th. severe colicky pain; slight diarrhoea. Applied sinapism to abdomen; gave sulphate of morphia gr ¼; beef tea twice daily; milk at night. 19th. headache; skin hot but moist; mind a little dull; tongue coated but moist; three fluid stools, no pain; slight tenderness in right iliac region; urine scanty, high colored; slight cough with mucous discharge; moderate epistaxis; 6 P.M. pulse 108; temperature 104½.

applied cold water to head; gave paregoric ℥j; hourly times daily. 20th. 7 A.M., restless and slightly delirious previous night with two stools; symptoms unchanged except tongue getting a little dry; epistaxis; cough; several stools; pulse 80; temperature 102.8°. Gave beef tea and milk alternately every two hours; chalk mixture ℥ss., tincture of catechu ℥j after each stool; spirit of Mindererus ℥ss., tincture of hyoscyamus ℥ss. every two hours, commencing at night. 6 P.M. pulse 108; temperature 103.4°. 21st. 7 A.M. restless and slightly delirious at night, with one stool; tongue dryer; abdomen slightly distended; several rose spots; several stools during day; pulse 90; temperature 103.4°. 6 P.M. pulse 108 and losing strength; temperature 105°; had slept some, at other times dull but easily roused. Stopped tincture of hyoscyamus; gave beef tea and weak milk punch every two hours alternately. 22nd. 7 A.M. pulse 108; temperature 103.2°; tongue dryer; tympanites not increasing; rose spots visible; cough. 6 P.M. pulse 120; temperature 104°. Increased the strength of milk punch; applied turpentine stoops to chest. 23rd. 7 A.M. pulse 108; temperature 102.2°; had had an involuntary stool and epistaxis during night; weaker; stupor increased; no rose spots; no greater tympanites. Gave beef tea and milk punch every hour and a half alternately; stopped spirit of Mindererus; increased tincture of catechu to ℥ij; applied turpentine stupes to chest. 6 P.M. several stools during day; pulse 108, more rapid at a later hour; temperature 104°. 24th. 7 A.M. pulse 108; temperature 103.2°; weaker. Gave beef tea and milk punch every hour alternately; stopped chalk mixture and tincture of catechu; gave suppository of pulverized opium gr. j; tannin gr. iij after each passage. 6 P.M. pulse 120; temperature 103°. 25th. 7 P.M. pulse 138; temperature 102.2°; Sinking. Died at 2 P.M.

Autopsy 5 hours after death; no rigor mortis;

but slight emaciation; heart healthy; congestion of lower lobes posteriorly; liver healthy; spleen quadruple the normal size and very soft; two patches of congested mucous membrane some six inches in length (not continuous) towards lower extremity of ileum; near ileo-cecal valve were several large ulcerated Peyer's patches, edges prominent with masses of grayish friable matter adherent to them; the mass on the largest ulcer was as large as a large hickory nut; membrane between the ulcers congested.

Contributed by Surg. C. H. Alden
Post Hospital, Ft. D. A. Russell, W. T.

No. 1023
6.2.1.214
8482

Heart somewhat enlarged, with thickening of aortic and mitral valves; outer surface of heart and inner surface of pericardium coated with lymph, the result of pericarditis.

Private Lewis Hoen, E, 2nd. United States Cavalry. January 25th. 1868 went on sick report because of acute bronchitis. Gave expectorant. 31st. admitted to hospital, symptoms continuing with pain in chest. February 4th. applied blister to seat of pain. 5th. symptoms of congestion of lungs; applied heated [illegible] to chest; gave spirit of Mindererus and tincture of hyoscyamus; beef tea and weak milk punch. Symptoms abated until the 10th. when rheumatic fever and swelling set in. Gave bicarbonate of potash and tincture of hyoscyamus, nourishing diet and stimulants; was put in blankets. Treatment continued with some abatement of symptoms until the 14th. when cardiac symptoms supervened; pulse frequent and

picking; heart's action labored; respiration hurried. Applied dry cups to cardiac region. 16th. died.

Autopsy: thorax only examined; lungs somewhat congested; pericardium covered with fibrinous deposit stretching in bands between the two opposed surfaces, the latter discolored with dark blood; &c

Contributed by Surg. C. H. Alden.
Post hospital, Fort D. A. Russell, W. T.

No. 1024 — Fragments of taenia. No head. No history.
6.4.2.3.N.14 — Contributed by Dr. J. W. Van Arnum.
8473 — Washington, D. C.

No. 1025 — Fragments of taenia; no head. No history.
6.4.2.3.N.15 — Contributed by the Smithsonian Institute.
8474 — Washington, D. C.

No. 1026 — Elephantiasis of right labium majus. No history.
6.5.2.5.E.18 — Contributed by Georgetown Med. College.
8475 — Washington, D. C.
See Microscopical Section, Nos. 4011 to 4015. 4249 to 4255.

No. 1027 — Piece of descending colon, coated with pseudo-membrane. Minute pinhead ulcers of mucous membrane. See Duplicate 80.
6.4.2.3.T. 128. — No history. Michael Lowy, age 19. Adm. May 12-54. Died July 7. of dysentery. Contributed to Ex. Surg. Library by Dr. Snyder.
8476 — Contributed by Georgetown Medical College Washington, D. C.
See Microscopical Section, Nos. 7296 to 7300.

Nos. 1028 — Pyloric extremity of stomach and a portion of duodenum, with head of pancreas and gall-bladder attached; the carcinomatous mass involves the head of pancreas and adjacent parts, and there is scirrhus thickening of pyloric extremity of stomach.
6.4.2.6.A.2. — 320 cholesterine gall-stones, from gall-bladder of same patient. Total weight
8477 — 3½ drachms.

No. 1030 — Uterus and appendages from same patient, each ovary presenting a cyst, as large as a walnut in the right and a cherry in the left, which was filled with fatty matter.
6.5.2.5.C.14 — Augustine Chandoné, age 39. Had symptoms of indigestion for the last three years of her life; occasional paroxysms of pain in epigastrium and hypochondrium, usually confined her to bed for a day or two. May 7th. 1869 applied for treatment to Army Dispensary; complained of sharp pain in stomach; was relieved by small dose of morphia. Was soon obliged to remain in bed with severe pain over epigastric and lumbar regions. Gave morphia gr¼ hypodermically twice daily, increasing the dose to gr½. Pain most intense at lower part of sacrum; stomach rejected all solid food during the first weeks of her
8479

illness; nothing retained the last five days.
Died July 16th. from exhaustion.
[Acting Assistant Surgeon U. S. Navy]
Autopsy July 20th., three days after
death: white woman, well-formed; an inch
of fat upon abdomen; omentum a half inch
thick with fat; liver friable, contained
but little blood; gall-bladder contained a
teaspoonful of greenish bile, was otherwise filled with small, green, mostly polyhedral cystic calculi; duct contained a calculus impacted in the sac next the opening into the common duct; mucous membrane of gall-bladder a dark greenish color; stomach showed sanguineous points on its mucous coat with occasional white patches near the pylorus, each patch about four lines in diameter; along the lesser curvature was a large quantity of fat and much scirrhous deposit; head of pancreas much enlarged by cancerous deposit; this deposit also involved a large part of the mesentery, exhibited a rounded tumor three inches by one, situated behind the pancreas, and was attached to the tissues covering the first lumbar vertebra; spleen natural, a supernumerary spleen; mesentery and mesocolon filled with fat half an inch thick; intestines much congested with dark blood; duodenum showed beautiful scarlet congestion; uterus somewhat somewhat enlarged; cysts and cicatrices in both ovaries.

Contributed by Surgeon Basil Norris.
Washington, D. C.

No 1031 — 6.8. No. 29 — 8480

Fœtus at term, with hydrocephalus; head 18 inches in circumference, club hands, supernumerary finger on each hand, club foot and little toe of left foot double; ~~child delivered by forceps, the head being crushed in the operation, otherwise perfect.~~

Contributed by Dr. ~~Horr~~. Norris
Washington, D. C. Surgn U

No. 1032 — 6.4.3.A.9. — 8481

Stomach, small intestine and colon of male infant, dead of imperforate anus; the rectum terminated in a cul-de-sac, which ~~terminated~~ extended to about two inches above the dimple like depression representing the anus.

The infant child of the Gardener at the Soldier's Home, Washington, D. C. was born December 20th. 1869, and was externally well formed; urinated freely, but no meconium was passed; took the breast readily; but a few hours after birth, constant vomiting and regurgitation from the stomach occurred; there was however no stercoraceous vomiting. Surgeon C. H. Laub passed a bougie and found the anus previous to the depth of a quarter of an inch. 2d., excessive tympanites; child lay moaning and in a very depressed condition, evidently would soon die without operative interference. Assistant Surgeons E. Curtis and G. A. Otis, saw the case in consultation with Surgeon Laub. In the afternoon, Assistant Surgeon Curtis, after dissecting through the pelvic fascia and upwards along the imperious cord, which

remained the absent portion of the rectum, could touch the promontory of the sacrum and feel the mass of small intestines above the pelvic cavity, but found no trace of the colon; the bladder meantime had been held out of the way by a small catheter, As it was impossible to discover any trace of the large intestine, the Surgeons present concurred in the opinion that it would be useless to prosecute the dissection further or practice lumbo-colotomy. The child died on the evening of the 24th.

The autopsy was made by Actg. Asst. Surg. A.D. Gamm, who forwarded the specimen to the Museum.

Contributed by Surgeon C.H. Laub
Soldier's Home, Washington, D.C.

No. 1033 — Chirocylus — from peritoneal cavity of a dog (black and tan terrier).
C.4.9.4.C.1.
4482
Contributed by Dr. F.A. Ashford
Washington, D.C.

No. 1034 — Aneurism of aorta at junction of arch and upper portion of descending aorta.
C.4.2.C.13.
4483
Private Thomas Linard, F, 9th. Infantry.
Died very suddenly on the morning of the 14th. May 1869; had been in hospital about a week or ten days, but had been returned to light duty, considering himself sufficiently improved and desiring to go to his quarters; while in hospital, he complained of a constant pain between the shoulders, more particularly at

the inferior angle of the left scapula, and at times of wandering pains in the extremities; his appetite was good; he rested well; his bowels were regular; his skin moist and pleasant. He was returned to duty about May 1st. On the morning of the 14th. about six o'clock, he threw or spit up, as he explained it, a large quantity of blood; he was directed to be brought to the hospital, but did not come until sick call at eight o'clock. He went immediately to bed and was kept perfectly quiet. At nine o'clock at Surgeon's visit, he was standing at the foot of the bed, at attention. He was directed to lie down, keep perfectly quiet, and take small doses of solution of sulphate of magnesia. He went to sleep but woke up about eleven o'clock and commenced talking to the nurse; while so engaged, he turned over and instantly died.

Autopsy: left pleural cavity filled with coagulated blood and serum, which on being carefully sponged out, amounted to about twelve pints; lung collapsed and a large rent in it near the base, through which the blood had escaped; aneurismal sac, lung and walls of mediastinum adherent, the sac itself ruptured and communicating with cavity of the lung.

Contributed by Asst. Surg. Alex. McAlpin
Sitka, Alaska.

No. 1035 — Tania solium, 13½ feet long.
C.4.S.3.N.16.
4484
Passed by a soldier at Fort Wingate in the summer of 1869.
Contributed by Asst. Surg. R.S. Vickery
Fort Wingate, New Mexico.

No 1036 C.4.S.5.I.4 84485 Fragments of indurated bile, found in gall-bladder of a negro who died of phthisis.
From the dissecting room of National Medical College.
Contributed by Dr. W. B. Drinkard
Washington, D. C.

No. 1037 C.4.S.3.A.D. 84486 Portion of ileum presenting a diverticulum 1½ inches long, situated about 8½ feet from the pylorus.
From Private John Kennedy, F, 8th. Infantry. Died with phthisis pulmonalis October 16th. 1869.
Contributed by Apt. Surg. Elliott Cowes.
Fort Macon, N. C.

No. 1038 C2.3.2.A3 84487 Embolus from left femoral and external iliac veins.
From a dissecting room subject, who had died of phlegmasia dolens, soon after parturition.
There was an embolus in left axillary vein extending nearly to bifurcation; another, of which the specimen is a part, in the inferior vena cava, extending into the iliacs and femoral, below the origin of the profunda.
Ex Microscopical Section Nos. 4060 to 4062.
Contributed by Dr. W. B. Drinkard
Washington, D. C.

No. 1039 C.S.S.S.C.15. 84488 Ovarian cyst six inches in diameter.
One of the ~~left~~ kidneys in the same case was very much enlarged and contained a number of cysts, some of them filled with very firm blood coagula.
Contributed by Dr. C. H. Orr.
Cumberland, Md.

No. 1040 C.S.S.S.E30. 84489 Mole.
From Mrs Thompson, white, age 39, mother of eight children; had two miscarriages.
In this case profuse flooding commenced in September 1869, the mole expelled January 14th. 1870.
Contributed by Dr. J. H. Van Arsdale,
Washington, D. C.

2. aortic & esteum.

No. 1041 D2.9.1.D24. 84490 Heart, showing calcareous thickening and induration of the mitral valve.
Private Charles Hatton, E, 2nd. United States Cavalry, age 26, English, married, carpenter; enlisted November 13th. 1868. Commenced to complain early in June 1869, while a prisoner in the guard house, serving out a sentence of hard labor with ball and chain, for desertion. His symptoms at first were not very decided; at times a slight cough, and again a feeling of weakness on exertion, for which at one time an expectorant mixture and at another, sulphate of quinia were prescribed. He continued most of the time to perform labor. Early in July, symptoms of anaemia became more marked; he

had no pain, but complained of weakness and palpitation on exertion, and occasionally slight cough; he remained in the guard house, but was excused from that time from labor and given more comfortable bedding. The symptoms at that time were slowly increasing feebleness and emaciation; a blowing sound heard most distinctly at base of heart and with the first sound was also noticed but was not persistent and was therefore judged to be functional; extent of cardiac dulness on percussion somewhat increased. Treated by expectorants, digitalis, aromatic sulphuric acid and sulphate quinia, arcabium iride, sulphate iron and nux vomica. He was chiefly under the care of Assistant Surgeon J. B. Girard U. S. A. until July 25th., when his symptoms not yielding but becoming aggravated, his chains were removed, and he was admitted into hospital, passing under the care of the Post Surgeon. The diagnosis made on admission was anaemia with functional disease of heart; appetite fair; no oedema, cough nor pain. The last prescription, sulphate iron and nux vomica, on which he had been placed a few days before admission, was continued. 26th. on the supposition based on the spongy condition of the gums, that there might be some scorbutic taint, citrate iron and quinia in solution in citric acid and water, with raw onions in vinegar were ordered in addition to diet. 28th. continued with extract hyoscyamus gr. viij at night to allay restlessness, and bella-

donna plaster to cardiac region to relieve pain. 31st. complained of tolerably severe paroxysmal pains in cardiac region, coming on once or twice daily; gave in addition, compound spirit ether ʒj when in pain. August 2nd. symptoms almost without change. Tonic changed to sulphate quinia in solution in tincture chloride iron. 6th. sentence expired. 7th. seemed more comfortable but no decided improvement; gave raw tomatoes in place of onions. 9th. mouth wash of alum to relieve spongy condition of gums; twice during the night of the 9th. he had a slight hemorrhage from the lungs, which considerably weakened him. 10th. tincture chloride iron gtt. x every two hours; milk and beef tea. 12th. strength somewhat returning; hemorrhage not repeated. Continued tincture iron every three hours. At that date, it being evident that he was permanently disabled, and he being very anxious to return to his wife and child in England, while able to do so, his certificate of disability for discharge was made out. A careful examination was again made, but the non-persistence and the position of the blowing sound and the absence of dropsy, rendered the diagnosis, organic cardiac disease doubtful. At the examination, it was believed that an obscure dulness and rude respiration could be made out over the upper part of right lung, which, with a pretty clear history of phthisis in two adult sisters, and an appearance indicating such a tendency in him, inclined both the Medical Officer of the post to the diagnosis of tubercular disease of the right lung,

the deposit being probably somewhat diffused. 14th. no special change; gave compound tinct- ure cinchona ℥ij three times daily; tincture myrrh diluted as mouth wash. 22nd. still no change, gave syrup iodide iron gtt. xv three times daily. 27th. slightly troublesome cough; gave syrup wild cherry ℥j; syrup ipecacuanha ℥ss. four times daily if cough was troublesome. 29th. the probability of organic heart disease had by that time become greater; the blowing sound was more persistent and harsher though still heard most distinctly at base of heart; breathing was more oppressed, and pain in cardiac region more con- stant; he was growing weaker in spite of tonics and nutritious food. September 1st. for the first time some oedema of feet was noticed; kept his bed constantly; gave milk and eggs; applied four dry cups to car- diac region. 2nd. constant nausea and inability to retain food; applied mustard plaster to epigastrium; gave beef tea and milk. 3rd. failing; nausea continued; oe- dema of feet increasing; gave milk and lime water; beef tea; applied small blister to epigastrium. 4th. weaker; blister did not act; gave wine and beef tea every two hours alternately; repeated blister and dressed with acetate morphia. 5th. growing weaker. 6th. died at 4.30 A.M.

Autopsy 8 hours after death: rigor mortis moderately well marked; body considerably maciated; about two ounces of serum in pe- icardium and some also in pleural cavity; heart hypertrophied; mitral valve stiffened and obstructed by calcareous deposit; lungs much congested; liver congested and pre- sented the nutmeg appearance.

Contributed by Surgeon C.H. Alden
Ft. D.A. Russell, Wy. Ty.

No. 1042. C.I.I.I.B.4. 8491

Portion of Brain showing large blood clot in sub- stance of right hemisphere.

C. H. Zoeller, white, age 49; had been ~~suffering some time with general ill health~~ in bad health for same time accom- panied by ~~nervous ill~~ and by albuminous urine; apoplexy supervened. Died February 22nd. 1870 at 11½ P.M.

Autopsy by Dr. ~~13 hours after death~~ D.L. Lamb. ~~rigor mortis~~ in upper extremities; height 5 feet 10 inches; body well-formed; suggillation posteriorly; ~~thickening~~ of arachnoian granulation on right side, ~~in~~ middle of longitudinal sinus to the extent of one fifth of an inch, length one inch, form elliptical, color whitish, ~~strongly~~ adherent to calvarium, in which was a corresponding depression of nearly one fifth of an inch; venous congestion of membranes of brain; Lateral ventricles full of bloody fluid; puncta vasculosa well marked ~~normal~~; choroid plexus reddened; effusion of dark blood and soft black clots in the substance of the right hemisphere, involving nearly the entire middle lobe and half the anterior lobe, the clot three inches long, two wide and one and a half thick vertically, extending from the level of the fornix to the base of the brain; corpus striatum and optic thalamus extensively broken down disorganized; hypostatic congestion of lungs, with bloody fluid in lung tissue posteriorly, and slight pleurisy with recent lymph at apices; heart much hypertrophied, a abundance of fat on surface; valves normal, white clot in right side, Small patch- es of atheroma in the ascending aorta; ~~Venous injection of intestina~~; kidneys shrunken, 4 ounces weight, cortical sub-

stance pale, and diminished in thickness; abundance of fat in pelvis and on capsules, ~~some fatty degeneration~~, some small sub-peripheral ~~subcutaneous~~ cysts.

Microscopical examination of the cortical substance ~~of the kidneys~~ showed an increased quantity of connective tissue between the tubules and surrounding the malpighian capsules. (See Microscopical Section, Nos. 3466 to 3475 ~~inclusive~~.

Contributed by ~~Asst. Surg. J. R. Reily~~ Dr. J. E. Dexter.
~~Asmed~~, Washington, D.C.

No. 1043 Larynx and upper portion of trachea lined with false membrane, which forms a complete tube in the lower portion of the specimen.
6.3.1.22.
8492
See Microscopical Section, Nos. 3788 to 3790. 4101 to 4104. 4272.

2nd Lieutenant A. Tracy Lee, 5th. United States Artillery. Sunday February 13th. 1870, complained of slight pain and dryness in throat; was directed to keep quiet in his room, bathe his feet in hot water, and apply mustard along angle of jaw. Next morning he felt so well that he assumed the rank of officer of the day at guard mounting, but towards evening, as the weather was damp, he was recommended to go on sick report, which he did. Mustard reapplied and hot water to feet. On the morning of the 15th. there was decided pain in swallowing; fauces red and left tonsil tumid. A large bread and milk poultice was applied during the night; bowels moved naturally. Towards evening some yellowish matter was observed on the left tonsil. Gave gargle of chlorate potash ʒij water ʒvj. 16th. some tumefaction

was noticed externally under the left jaw; left tonsil and base of uvula covered with yellowish lymph; dysphagia increased; breathing natural; no hoarseness nor fever. Swabbed fauces with nitrate silver gr. xx water ʒj; which gave some relief and was repeated in the evening; chlorate potash in jelly given at intervals during the day. 17th. fauces appeared as on previous day; breath putrid; dysphagia increased so that beef was taken with effort. Fauces were swabbed with nitrate silver; gargle of carbolic acid gr. iv water ʒj substituted for chlorate potash; in the course of the forenoon this gargle was replaced by carbolic acid in the form of spray, the four grain solution being placed in the cup of the atomiser; this repeated frequently relieved the sense of putridity in the breath and taste; throat swabbed again in the evening. No fever nor dyspnoea, but restlessness. At 8.30 P.M. he took bromide potassium gr. xx and retired for the night, directing his servant to leave him, as he would be less restless alone; some time between midnight and 3 A.M. he arose, half dressed himself, and was in the act of removing from his bedroom to his sitting room when fatal syncope took place. His body was found lying in the doorway.

Autopsy, 18th., noon; in the presence of Surgeon Basil Norris U.S.A.: No emaciation; rigor mortis well marked; surface pale, except in dependent parts, where there was some congestion; tumefaction under angle of left jaw; fauces covered with a thick yellowish-white exudation, which extended downwards along the posterior wall of the oesophagus to the root of the neck, becoming

thinner towards the lower part; larynx lined throughout with similar exudation, firm in itself but loosely attached to the underlying tissue; rima glottidis patent; trachea also similarly lined, as far as examined, to wit: one and a half inches below cricoid cartilage; no other organs examined.

Contributed by Asst. Surg. Charles Smart
Sedgwick Barracks, Washington, D.C.

No. 1044 1.4.9.5.Pth. 8493

Section of a carcinomatous liver; the nodules which were of various sizes, appeared to pass by transition into the hepatic tissue, so that it was difficult to determine their precise limit. They were reddish white in color and produced considerable enlargement. Microscopical examination showed a fibrous stroma continuous with the connective tissue of the organ, having imbedded in it numerous small cells, the nuclei of which can be seen in the preparation.

See Microscopical Section, Nos. 3461 to 3465. 3932 to 3935.

The patient was a female from whom Doctor L.H. Lieberman had removed the right breast June 18th. 1867. The wound had healed nicely; the axillary glands were not affected. Her appetite subsequently became good; she increased in flesh. Afterwards was sick at intervals, and was finally attended by Dr. Dove, under whose care she died.

Autopsy December 5th. 1868: left lung contained a small cavity, apparently tubercular, in apex; a few agglomerated bodies resembling miliary tubercles, in each lung; also what were supposed to be cancer nodules, none

of them larger than a hazelnut; liver as in specimen; spleen normal; cancer of pylorus; uterus nodulated with growths supposed to be carcinomatous; mesenteric glands enlarged, indurated, supposed to be carcinomatous; the bronchial and cervical glands in the same condition; cicatrix of right breast hardened; axillary glands enlarged on that side

Contributed by Dr. W. B. Drinkard
Washington, D.C.

No. 1045 1.5.9.5.Pth. 8494

Cyst with large blood clot imbedded in its walls; probably a blighted ovum.
From Georgetown Medical College
Washington, D.C.
Original bottle labelled Dr. Snyder, 1853.
See Microscopical Section, Nos.

No. 1046 1.5.9.1.Bq. 8495

Kidneys from a case of chronic albuminuria. Right kidney weighed 4½ oz., left 6¼ oz. When fresh they were pale in color but of normal consistence. Sections showed an increase in the number of connective tissue cells in many patches.

See Microscopical Section, Nos. 4166 & 4170.

Corporal Wm. Custer, Light Battery "F", 5th. Artillery. Stated that he served in 28th. Pennsylvania Volunteers, and two enlistments in Battery "L", 5th. Artillery; was treated in 1866 at Fort Monroe for intermittent fever and in 1867 at Columbia D.C. for typhoid fever. In February 1868, he received an injury in the loins from

from a hose, for which he required hospital treatment at Richmond, Va. Since then he had been more or less weak in the back. He had never had scarlet fever, and had been temperate in his habits. Had been much exposed to cold and wet during his service in the field with his battery during the war of the Rebellion.

July 13th. 1869, having observed some swelling about the face and neck, he reported to the Post Surgeon at Sedgwick Barracks July 21st. A liniment was prescribed but the persistence of the swelling led him to report again on the 31st., when he was admitted into hospital. August 1st. he was somewhat pale in complexion and puffy about the cheeks and neck; abdomen enlarged by effusion into the peritoneal cavity; lower extremities anasarcous. Heart sounds, liver and spleen normal; appetite good; bowels regular; no bronchitis nor head affection. Complained of a dull pain in the loins; urine diminished in quantity and contained much albumen. He was treated for a few days without benefit, by tinctur of iron, quinine, cream of tartar, and dry cupping to the loins; to this treatment was then added the exhibition of a cold infusion of elder bark in hard cider. The benefit derived from this was very marked. Toward the end of the month he was considered almost well; but one day having injudiciously gone out, all his symptoms returned. The course of treatment was continued but without the same beneficial result which had attended its first exhibition. The case up to this time was under the care of Acting Assistant Surgeon S. J. Evans, U.S.A. Elaterium was then

tried, but as it produced much disturbance of the stomach, it was not persisted in. During the month of September the treatment was addressed to the bowels by the use of compound jalap powder and small quantities of cider, which appeared to keep up the hydragogue action; and by diuretic doses of the bitartrate of potash thirty grains three times daily. During this time his urine varied from two ounces on August 2nd. to twelve on the 10th. and 11th. of that month, diminishing again to six ounces at the beginning of September, and averaging about twelve ounces for the remainder of the month; its specific gravity was 1025 to 1030; temperature of the body normal; girth around abdomen 40 & 42 inches. On the 23rd. of September, hot air baths and diaphoresis by the solution of the acetate of ammonia, were substituted for the diuretic action of the cream of tartar. October 8th. some bronchitis was manifested. By the 20th. the abdomen had increased to 44½ inches. Urine 32 oz., albuminous as before, with small epithelial casts and scales, but no appearance of fatty change. The squill mixture, which had been ordered on the 8th. of October to be taken occasionally, was now combined with digitalis and spirits of nitre, and continued to the end of the month without improvement. During the month of November, the treatment adopted, consisted only of purgative doses of cream of tartar repeated nightly; and the quinine and iron which he had been taking with more or less regularity since entering hospital. Each dose of the bitartrate produced

from four to six large watery evacuations during the night, which afforded him much relief. Extract of hyoscyamus was given occasionally when his cough became troublesome. This treatment was continued during December. In January 1870, the syrup of iodide of ~~potassium~~ iron in half drachm doses with an ounce of brandy, was given three times daily, with an occasional drastic dose of the bitartrate. This was continued without marked relief until the 23rd., when at the suggestion of Dr. Basil Norris, U. S. A., sixteen grains of charcoal and four grains iodide of potassium were given three times a day; the bitartrate was still continued on account of its action on the bowels. The charcoal was not employed more than a day or two, as its administration was followed by a feeling of fulness in the stomach which was much complained of. The iodide however was continued until February 3rd., when he was discharged on Surgeon's certificate of disability. At the time of his discharge his abdomen measured 46 inches; thighs, legs and scrotum were very much distended; skin broken slightly on the back and on the right knee, and the effused serum drained from the cellular tissue. Effusion into the lung led at times to considerable coughing and expectoration of diluted mucus, and caused difficult breathing. Appetite continued good; urine alkaline, varying from 20 to 30 ounces; specific gravity 1020; highly albuminous, and with casts as at the examinations made of it for months previously. He continued taking the iodide of potassium until February 12th., when, as no marked benefit appeared to result, it was omitted, and one grain of quinia given daily with wine; the wine however caused acidity of the urine, and at his earnest solicitation, was omitted. His bowels were kept loose with the compound jalap powder and bitartrate of potash. On February 23rd. he commenced to take an infusion of broom and other diuretic herbs, which were continued until within two days of his death. During the last week of this month he had an acute rheumatic attack, the right elbow being affected; skin over the joint tumid, red and painful on the slightest motion; the wrist was afterwards attacked; then the corresponding joints of the left side; and after these the right ancle and ball of great toe. On March 5th. he was seized with vomiting, which continued with great obstinacy for six or seven hours, prostrating him greatly. The vomita were dark and coffee-colored. On the 6th. he rallied somewhat, but an attempt to take chicken tea caused a recurrence of the vomiting. Milk remained on his stomach and was grateful. From this time he gradually sank; pulse 145 and respirations 72. His brain was unaffected to the last. He died quietly at 2 P. M. March 7th. 1870.

Autopsy 20 hours after death: cellular tissue of all the body except the head, neck and upper extremities, anasarcous; the excepted parts emaciated; countenance anaimic; 1½ gallons of a pale, straw colored serum somewhat turbid from lymphe flakes, removed by tapping the abdomen, and as much again by sponge on opening the cavity;

mucous membrane of stomach congested, very red in some parts and marbled with dusky spots and streaks; intestines, liver, gall-bladder, splen and pancreas normal; bladder empty; kidneys as in specimen; in the cavity of the pleura were four quarts of serum, but the lungs were healthy; a drachm or two of liquid in the pericardium; heart healthy; no other organ examined.

Contributed by Asst. Surg. Charles Smart
Sedgwick Barracks, Washington.

No. 1047 C.S.S.I.C.18
& 1048 C.S.S.3.C.1.

Kidneys containing numerous cysts.
See Microscopical Section, Nos. 4528 & 4538. 4668 & 4670.
Four phosphatic calculi from the urinary bladder of the same patient.

8496
Li
8497

Leonard Moser, German, age 49, shoemaker. From his 40th. year had been subject to attacks of dysuria and suffered from internal hemorrhoid and prolapsus of the rectum. At intervals of from four to six months he voided granular calculi with much pain; the urine contained mucus and sometimes small quantities of blood. March 1869, Dr. A. Behrend found him suffering from general debility; urination frequent and accompanied by great pain; he complained of dimness of sight and that his eyes were "constantly watering"; urine alkaline, containing mucus in large quantity with traces of albumen and at times a copious sediment. He declined to permit the use of sounds. He became extremely emaciated and about two weeks before death acute dysentery set in. Died August 9th.

Autopsy 20 hours after death: no rigor

mortis; extreme emaciation; liver, splen and pancreas normal; small intestine empty and much discolored with bile; colon extensively inflamed; kidneys normal in size, considerably congested, and studded with numerous cysts from the size of a pin to that of a small pea; the mucous coat of the ureters and pelves of kidneys presented innumerable minute bright red spots; in the urinary bladder were four yellowish white calculi, each about the size of a filbert; the mucous coat of the bladder which was very much inflamed, had several large quantities of gritty matter firmly packed between its folds; at the base and neck of the bladder, the walls were extremely thick.

Contributed by A. J. Schaffer.
Washington, D. C.

No. 1049
C.H.S.2.C.12.
8498

Portion of stomach showing carcinomatous thickening immediately adjoining pylorus.
See Microscopical Section, Nos. 4018 & 4020. 4154 & 4155.
Fig. also 4156 to 4161.
Madame Rose Giraudin, French, age 46, bore eight children. Died July 21st. 1870. Had been a patient of Dr. T. S. Verdi a short time previous to her death. She suffred from a lung trouble supposed to be tubercular disease. No symptoms drew attention to the stomach, but it was learned after her death that previous to the development of the lung trouble she had suffred from symptoms attributed to induration of the pylorus. A tumor supposed to be cancerous had also existed below her left ear, which

had ben removed several times; but re-
moved after each operation. An hour pre-
vious to her death, after a paroxysm of
coughing, she expectorated about half a
pint of blood.

[Acting Assistant Surgeon U. S. Army]

Autopsy 10 hours after death; body
on ice; slight rigor mortis; emaciation;
swelling, size of an almond on left side
of neck extending downwards in a straight
line from lobe of ear; an abscess containing
a drachm of pus was found beneath the
sterno-mastoid muscle; surrounding the
abscess was much induration and thick-
ening of the tissues; both lungs showed
scattered, old, pretty firm adhesions; right
lung healthy except a portion of the middle
lobe near the root of the lung, about 1½
inches in diameter, which presented a num-
ber of nodules resembling tubercles in their
stimal appearance; left lung showed cica-
tricial contraction at apex; slight congestion
posteriorly of both lungs; pericardium contain-
ed a half ounce of whitish fluid; heart healthy;
contained soft dark clots; liver fatty;
spleen pale; kidneys quite movable, right
particularly so, could be lifted two inches;
peritoneum contained a pint of clear se-
rum; stomach contained a pint of dark
fluid; pylorus to the extent of an inch ex-
hibited a cancerous induration, narrowing
the opening into the intestine to the size of
a crowquill; coats of stomach pale; an en-
larged gland, size of a walnut, containing
chloride black pigment masses and soft
cheesy deposits, was found on the lesser
curvature at the oesophageal junction.

Microscopical examination renders it
probable that the induration in the middle
lobe of right lung was carcinomatous as was

the induration of the pylorus.

Contributed by Dr. T. J. Verdi
Washington, D. C.

No. 1050 C.4.J.3.C.4. 8499

Caecum and several knuckles of ileum; one of the latter about three inches in length is strangulated by a delicate thread of membrane, apparently part of the mesentery, through which the intestine appears to have protruded.

From a colored girl aged 12, sick for five days with symptoms of obstruction of bowels, in the summer of 1869 at Austin, Texas.

Contributed by Asst. Surg. J. V. D. Middleton
Post Surgeon, Austin, Texas.

No. 1051 C.5.S.5.E.32 8501

Foetus said to be six weeks old. (Undeveloped embryo discharged six weeks after conception).

Contributed by Asst. Surg. J. V. D. Middleton
Post Surgeon, Austin, Texas.

No 1052 C.5.S1.F.4 8501

Renal calculus weighing 188 grains, composed chiefly of phosphate of lime.

Charles Schaller, Private, K, 1st. United States Cavalry, came under treatment at Tubac, Arizona, for chronic dysentery, which presented nothing unusual and terminated in death November 28th. 1867. Where

first admitted to hospital he complained of slight pain in the region of the kidneys but was quickly relived by diuretics; once it was necessary to use the catheter. For the last two months he did not complain of pain in the kidneys nor experienced any difficulty in passing his usual amount of water.

Autopsy 5 hours after death: rigor mortis marked; body very much emaciated; spleen slightly enlarged; large intestine much thickened and very soft; throughout its extent were extensive ulcers, black with pigment; they were irregular in form, some as large as half a dollar; no perforations were detected; for twelve inches above the ileocaecal valve were many small round ulcers, which coalesced near the valve; there were patches of injection or inflammation in many parts of the small intestine; in the pelvis of the left kidney was a calculus (in specimen); the substance of the kidney was greatly atrophied; right kidney soft and somewhat enlarged, on section presented a well-marked granular appearance; all the other organs examined were found healthy. No symptoms of other disease noted during life.

Contributed by Actg. Asst. Surg. L. L. Dorr
Tubac, Arizona.

No. 1053 — C.4.3.2.C.13 — 4502

Portion of stomach and duodenum with part of gall bladder and transverse colon adherent; carcinomatous thickening extending several inches from the pyloric orifice, the lumen of which is greatly encroached upon.

See Microscopical Section, Nos.

Caroline Gerhardt, age 33, white, German, married, three living children. First complained about March 1st. 1869. May 29th, the symptoms were frequent vomiting of food after eating; constipation, no stool without medecine; sallow appearance; tongue clean; secretions generally normal; tumor in epigastric and umbilical regions; very little pain; no hemorrhage. She steadily emaciated and died July 19th.

Autopsy next day; stomach as in specimen; tumor of uterus; other organs normal; brain not examined.

Contributed by Act. Asst. Surg. J. R. Reily.
Arsenal, Washington, D. C.

No. 1054 — C.4.3.2.C.14 — 4503

Portion of stomach with carcinomatous thickening of pyloric extremity extending an inch from the pylorus, the lumen of which is considerably constricted.

The patient was anasarcous but did not suffer from vomiting until a few days before death.

See Microscopical Section, Nos. 4324 & 4329.

Contributed by Dr. J. D. Barnes
Washington, D. C.

No. 1055 — C.S.S.S.E.34 — 4504

Placentas and membranes of a pair of twins born at the 8th. month; the placentas were separate and each foetus was contained in its own separate membranes.

Contributed by Surgeon Basil Norris
Washington, D. C.

No 1056 C.5.3.5.C16. 8505

Cystic disease of ovaries forming modulated tumors; that on the left side 7 inches in diameter, that on the right 3½ inches. See Microscopical Section, Nos. 4526 & 4527.
From the Georgetown College Dissecting Room, Washington, D.C. Drs. J. G. T. Holston and L. Hagruder, Demonstrators.

No. 1057 C.5.3.1.A.13. 8506

Horse-shoe kidney from Henry Rothcamp, Private, E, Permanent Party of Recruits at Fort Columbus, New York Harbor, who died of yellow fever September 27th. 1870. The kidney has two ureters and two sets of vessels. There was no renal complication in this case of yellow fever.
Contributed by Surgeon Charles Page.
Fort Columbus, New York Harbor.

No. 1058 C.5.5.5.E.33 8507

Fœtus at
Contributed by A. J. Schaffner
Washington, D.C.

No. 1059 C.4.3.3.03 8504

Portions of ileum and cæcum with perforation of appendix; the ileum present pinhead enlargement of solitary follicle with traces of a diphtheritic layer.
Entry by Dr. L.H. Draper:
Henry Crossland, white, age 13, native of England. Was called to see patient November 13th. 1870; found him suffering from fever, apparently malarial, attended with pain in the abdomen, from which he had been suffering for several days; bowels rather costive; tongue heavily coated yellowish white. Directed sulphate of quinia twelve grains and calomel three grains in six powders, one powder every two hours. 14th. fever somewhat abated but no relief from the pain; bowels open and occasional bilious vomiting. Gave quinia twelve grains, calomel one grain in six powders, one every two hours to be followed by castor oil if necessary and hot fomentations. 15th. still had very severe paroxysms of pain with intervals of ease; abdomen distended and tympanitic with tenderness on pressure. Gave injections of oil of turpentine and castor oil; continued hot fomentations. 16th. bowels open frequently, with copious vomiting of dark green bile, but no relief from the pain. Continued treatment, with chloral fifteen grains every hour. 17th. abdomen much distended and pain very severe, with constant fever, pulse ranging from 100 to 112. Directed a tablespoonful of neutral mixture with two minims of tincture of veratrum viride every two hours, with fomentations of hot whiskey to the abdomen. 18th. condition about the same except that had frequent desire to go to stool, with much straining, without passing anything. Directed camphor two grains, blue pill one grain, extract belladonna and ipecacuanha each one sixth grain every two hours. 5 P.M., bowels moved but no relief from pain. Gave chloral fifteen grains, morphia one sixth grain as often as required. 19th. for the first time, he seemed free from pain, but in all other respects was evidently much worse; pulse 130 and feeble; abdomen greatly

swollen; copious vomiting of dark matter, resembling the black vomit of yellow fever; ejecta similar in character. Dr. Norris U. S. A. was called in consultation, and it was decided to suspend all treatment except a teaspoonful of weak milk punch every ten minutes. He however sank rapidly and died early the following morning November 20th.

Autopsy by Dr. D. L. Lamb, next day: abdomen turnid and bluish; hypostatic congestion of lungs; slight old adhesions of right pleurae; stomach congested and contained dark fluid; liver brownish blue; some yellow bile in gall-bladder; recent inter-adhesions of abdominal and pelvic viscera, with much creamy pus but no faces in abdomen and pelvis; intestines slightly congested, distended with flatus, and contained brown soft faces; perforation of appendix vermiformis.

Contributed by Dr. L. D. Draper
Washington, D. C.

No. 1060
C.4.3.3.T.124
4509

Portion of caput coli with large ulcers penetrating to muscular coat or deeper, and several perforations.

Private Joseph Von Gilder, "G", 4th. Cavalry, age 23; enlisted at New York city November 25th. 1869 and arrived at Austin in February 1870. For some time after his arrival he was an exemplary soldier and a good man. For some unknown cause he incurred the ill-will of a portion of the men of his company, and they worried and perplexed him to homicidal mania. June 13th. he fired a ball from his carbine at a distance of ten or fifteen paces,

through the leg of a soldier of the same company, comminuting his tibia. He soon exhibited other signs of mania. July 15th. he was removed to a separate apartment in the hospital. The condition of his bowels had never at any time during his confinement for the crime, attracted attention as being abnormal, notwithstanding his stools were involuntary; while in hospital they varied from none to three in number per diem. 20th., the first prescription for the condition of his bowels was given, rather to guard against an attack of diarrhoea than to remedy one. His stools were lax, dark, feculent and abundant; mucous or blood had not been detected in them. 21st., the clinical thermometer gave his temperature at 12 M. as 99.6°; pulse 72. As he was very noisy, screaming and singing day and night I recommended the General commanding the Department, July 22nd., to send him to the Government Asylum in Washington, under charge of a proper guard. 23rd. he refused food for the first time and also vomited that day; Active treatment was instituted but he died about 6 A. M. the next day. During his whole confinement he made no complaint of any kind.

Autopsy (Surgeon Hammond and Actg. Asst. Surgeon W. C. Brooks) 6½ hours after death: small muscular development; some emaciation; no rigor mortis; several ulcers at various points on his limbs and body; dura mater strongly adherent, its vessels turgid; pia mater congested, most so posteriorly; cerebellum apparently softened; more than the usual quantity of serum in the lateral ventricles; convolutions of brain generally ill de-

olved except on the front of the left anterior lobe; lungs melanotic externally, no adhesions; capsulant throughout; ecchymoses at one or two points of the surface; both lungs full of dark blood; apparently some miliary tubercles on the surface of the left lung; pericardium distended with serum; heart normal; fibrin clot and black blood clots in right ventricle; purulent serum in cavity of abdomen; stomach and entire intestinal canal much congested and containing much dark fluid feculent matter; firm adhesions of ascending colon near caput to parietes of abdomen; two large perforations of colon just above adhesions; liver deeply colored and dense; gall bladder much distended with bile; spleen normal in size but dense; kidneys and bladder normal; peritoneum generally much inflamed.

Contributed by Surgeon J. F. Hammond
Post hospital, Austin, Texas.

21

No. 1061 C.S.S.I.D.23 8510

Diphtheritic cast, from right bronchial tube. Case of a young man who suffered from diphtheria two and a half years before; recovered and now in good health (Dec. 23rd. 1870).

Contributed by A. J. Schaffer
Washington, D. C.

No. 1062 C.S.S.S.E35 8511

Abscess, occupying the region of the belly of the iliacus internus, right side, and discharged into the vagina, just below the os tincae; there is a fistulous communica-

tion with the urinary bladder.

From a white woman, age 26, admitted into Columbia Hospital, Washington in a dying state. No particulars of history, except pain in right iliac region.

Contributed by Dr. Fred Schaffer.

No. 1063 C.S.S.S.E36. 8512

Uterus with ovum complete at about the sixth month.

Contributed by Dr. Fred. Schaffer.

No. 1064 C.S.S.S.E37 8513

Uterus with ovum complete, at about the eighth week. From a case of alleged abortion.

Mrs. Henrietta Wells, age 22, married at 15, had had two children, both now living. Died March 20th. 1871, at 2.30 P.M.

Autopsy three hours after death: brain congested; eight ounces of fluid venous blood flowed from spinal canal; lungs congested; heart normal; no clots; stomach congested in streaks, contained four ounces dark grumous fluid with floating shining scales; liver, spleen and first eight feet of small intestine congested; uterus as in specimen.

Contributed by Dr. J. F. Hartigan
Washington, D. C.

See Original M.S.S. for newspaper accounts of the inquest in this case.

No. 1065 C.S.S.C.8 8514

Firm blood clot coated with fibrinous matter, removed by the ecraseur under the impression that it was a polypus of the womb. The specimen approximates in its character of the false conceptions in the collection, but the villi of the chorion could not be identified.

Mary H. Hall, white, age 28, native of Washington; married nine years and had four children. February 23rd. 1870, gave birth to a still-born infant, which was removed by the forceps, after a protracted labor. Had been subject afterwards to frequent attacks of uterine hemorrhage, which she supposed to be simply menorrhagia. Was called to see her October 17th., and found her suffering apparently from intermittent fever, attended with profuse hemorrhage. 24th. flooding continued, and patient becoming very weak; obtained permission to make an examination and found a pear shaped tumor filling the whole vagina and attached to the anterior wall of the cervix uteri. The tumor was removed with the ecraseur and the patient recovered.

Contributed by Dr. L. J. Draper
Washington, D. C.

No. 1066 C.S.-30 8515

Case of undescended testicles; penis of normal size, scrotum normal but contained no testicles; prostate small but apparently normal; testicles in lumbar regions, occupying the sites of the ovaries in the female; seminal duct discharged into an irregular passage five inches long representing the undeveloped vesiculae seminales, which discharges

by a narrow passage through the prostate into the prostatic portion of the urethra.

The case has been ~~xxxxx~~ described by Blackman, who correctly made out the testicles, but designated as ovaries two masses of fat in the peritoneal folds embracing the testicles, and by Burnett, who reversed the description, describing the fat masses as testicles and the testicles as ovaries. On the receipt of the specimen, ~~January~~ February 7th. 1871, although it had then been more than eighteen years in alcohol, the tubuli seminiferi could be readily made out in the testicles. See Microscopical Sections, Specimens No. 7198

The supposed ovaries of Blackman, the testicles of Burnett were simply little masses of adipose tissue. For particulars of case, see American Journal of Medical Sciences, 1853, Vol. XXVI. pages 63 and 367. See also same Journal, Vol. LXII, 1871, p. 123. See Microscopical Section No. 7198.

1067 C.S.-31. 8516

Cast of ditto.
Contributed by Dr. E. Sterling
Cleveland, Ohio.

In a cut of this specimen in the Transactions of the New York Academy of Medicine, Vol. II (1883) p. 280.

No. 1068 C.4.5.5.C.8. 8517

Large abscess of right lobe of liver. See Microscopical Section No. 4521 & 4525. 6235
Burlingame, age 60, previously healthy. Taken sick apparently with intermittent fever August 23rd. 1870, and treated by Dr. N. G. Palmer with mercurial purges and quinine until the 30th. Patient improved and returned to his occupation as clerk. October 15th. the doctor was again consulted, the patient complaining of irregular chills and un-

easiness in right side over region of liver, but no pain upon pressure. November 1st, Dr. N. S. Lincoln was called in consultation, and a thorough examination failed to give a satisfactory diagnosis. He was under treatment till December 10th., when he was apparently much improved, and went to his office daily, although not perfectly well. He had not been confined to bed, and his pulse at no time exceded 90 per minute; appetite always good; bowels generally constipated; considerable flatulence; there was very little jaundice; some symptoms of local peritonitis, and night sweats. Abscess of the liver was suspected, but not positively diagnosed; no distension nor enlargement of the liver was detected. Treatment, mercurial cathartics every second night; quinine and aromatic sulphuric acid; a succession of blisters to the right side, followed by belladonna plasters, which appeared to give much relief; iodide of potassium and sarsaparilla were also given. Homeopathic physicians were subsequently called to the case. He died January 21st. 1871. A few days before death, he passed more than a pint of pus from his bowels.

Autopsy by D. Bond, 16 hours after death: a large abscess was found in the liver; organs of respiration and circulation normal; intestines healthy, no communication between them and the abscess; abscess wall quite thin, ruptured in removing the liver, and contained about half a gallon of pus; liver weighed 7 0 lb.

Contributed by Dr. G. L. Bond
Washington, D. C.

No. 1069
C.4.5.2.B.8.
8518

Perforating ulcer of stomach, adjoining cardiac orifice; mucous membrane presents numerous ulcers, the size of pin heads.

Sophia Williams, white, age 56. Admitted to Washington Asylum September 15th. 1870. Was emaciated and anaemic; but little of her previous history could be learned except that she led a dissolute life, was a hearty eater, and had been lately on a debauch. The symptoms complained of on entering, resembled dyspepsia; food of all kinds gave pain after eating, there were acid eructations; bowels constipated; tongue furred; countenance anxious. She had been at the Asylum several times, being always noted for her intemperate habits. Early in December, the black character of the stools attracted attention; she complained of a burning, sometimes gnawing pain in the epigastrium, with a continuous dull feeling; her pulse at times was weak and slow, hardly reaching 50, and then again would run up to 100 and 110. All through the disease the tongue was coated with a heavy, dark, chocolate colored fur along the middle, which grew darker towards the close. Vomiting occurred shortly before death. Died January 24th. 1871.

Autopsy: perforation of the stomach about an inch in diameter, at the cardiac extremity; organ filled with dark clotted blood, and the intestines streaked black throughout their whole length.

Contributed by Dr. J. F. Hadigan
Washington Asylum.

No. 1070 C.4.S.B.6 8519

Cirrhosed liver, weighing 58 ounces; the connective tissue has become increased in quantity to a marked extent, giving excessive prominence to the acini. Microscopical examination of a section showed foci of numerous nuclei scattered at various points throughout the connective tissue of the organ, which was excessively developed. See Micros. Section, No. 3687. 4407 & 4413.

Levi Tillman, German, age 46, served in the war with Co. "K", 62nd. Pa. Vols. Admitted as a vagrant December 15th. 1870. He presented a deeply jaundiced appearance, and in a few days was attacked with severe rigors. Diagnosis, cirrhosis of liver. Symptoms: ascites with oedema of lower extremities; dull pain and tenderness of hypochondrium, and disordered digestion; enlargement of spleen and distension of abdominal veins. Died January 25th. 1871.

Autopsy: liver as in specimen; gall-bladder contained a half ounce of green bile.

Contributed by Dr. J. T. Hodgen,
Washington Asylum, Washington.

No. 1071 C.5.S.1.A.14. 8520

Horse-shoe kidney.

From a female child, four weeks old, which died of peritonitis; spleen enlarged, weighing [illegible] ounces. The mother had chills during her pregnancy.

1072 C.4.S.7.C.6. 8521

Enlarged spleen from same case.

Contributed by Dr. H. A. Kelsey Admitted
Georgetown, D. C.

No. 1073 C.8.-32. 8522

Plaster cast of left upper extremity, with congenital want of development of the humerus and absence of the little finger. See photographic series.

The following memorandum of the case was furnished by Dr. Otis:

Mr. M. S. Sledge, age 26, native of East Tennessee. Visited the Museum January 14th. 1871. Almost entire absence of development of humerus and upper arm of left side; hand well-shaped; functions perfect; little finger wanting; fifth metacarpal wanting; apparently no deficiency of either row of carpal bones; radius and ulna, though shorter than on right side, appeared to have all their natural attachments; muscles of forearm presented no abnormity; radial pulse rather smaller than on right side; at the shoulder was an acromion process about two inches from the acromion, and there must have been probably a rudimentary humerus; motions of shoulder-joint perfect; was extended, flexed, rotated and abducted with facility; hyperæsthesia of atrophied arm. Left arm 16½ inches in length, right arm 20 inches.

Contributed to Medical Section by Assistant Surgeon Geo. A. Otis.

No. 1074 C.3.S.1.D.24. 8523

Pseudo-membranous cast expectorated in a fatal case of diphtheria.

See Microscopical Section, Nos. 4547 & 4548.

Contributed by Edmund Bocking M.D.
Wheeling, West Virginia.

No. 1075. C.2.5.2.C14 $524

Aneurism of thoracic aorta, just below the arch, which ruptured into the left lung. A small portion of the sac only is preserved.

Mr. T. D. A——, white, age 33, of Madison county, New York; height 5 ft. 7 inches; weight 120 pounds; sanguine temperament. Admitted December 28th. 1870, complaining of severe pain in posterior inferior part of praecordia. This pain was described as continuous, sometimes more severe than at others, but always present. Patient was anaemic; appetite good; bowels regular; tongue clean; pulse normal, rarely exceeding 80 beats; respiration natural; urine high colored. When in a standing position his body assumed a lateral and forward inclination to left side; decubitus generally on right side. For more than a year, he had experienced the pain referred to, which gradually became more and more pronounced until at the date of admission he was compelled to relinquish his business as a bookkeeper in the 'Union Telegraph Office.' During January and February 1871, while under regular treatment in hospital, he gradually improved, until at length he visited his family, and remained at home two days and nights. On his return to hospital, his symptoms were all aggravated, the continued pain more intense, and relieved only by hypodermic injections of morphia, to which he had been habituated before admission; though the pain seemed to have changed its situation to a point anterior to and below the heart at which it first appeared. There was at no time cough, dyspnoea, nor any symptoms pointing to pulmonary trouble. A careful examination of the

heart revealed no abnormal sound; rhythm perfect; sharp, clear and loud; entirely normal in its natural bounds; in short nothing to indicate lesion of the organ. The lungs were resonant throughout, vesicular murmur distinct and clear, and no signs of disease perceptible. The patient passed into the hands of an irregular practitioner about three ~~months~~ ten days before his death. It was learned that about two weeks before death, he had a slight hemorrhage from the lung amounting to about an ounce of blood; dyspnoea was urgent for two or three days before death, which took place March 17th. from asthenia and syncope.

Autopsy: there was a large aneurismal tumor, containing at least thirty ounces of blood, which opened from the aorta just below its arch; the sac had ruptured into the left lung and pleurae; lung partially collapsed and filled with apoplectic clots, by which the lung tissue was concealed; the bodies of the third, fourth, fifth and sixth dorsal vertebrae were absorbed, so that the theca of the spinal cord was clearly visible; heart normal; white clots in the pulmonary artery; right lung, liver and kidneys normal.

See Microscopical Section, Nos. 4575 to 4579.

Contributed by Dr. Chas. Franzoni
and Dr. J. S. Beale
Providence Hospital, Washington, D. C.

No. 1076 C.4.S.3.M.46. 8525 1077 C.2.S.3.B.8 8524

Portion of small intestine showing several tubercular ulcers; a number of extremely minute tubercles beneath the peritoneal coat opposite each ulcer. In duplicate Ks. 82. Enlarged mesenteric gland from same patient.

Private Thomas H. Jones, F., 5th. Artillery. Taken sick in August 1870, apparently with acute diarrhoea. Furloughed in September. After his return, admitted to hospital for fistula in ano. The sinuous passages were slit open, but did not granulate favorably. He became anaemic, lost appetite and had occasional diarrhoea. Both his parents died of phthisis. A physical examination of his lungs indicated tubercular deposit. He had however no cough. Six weeks before his death severe diarrhoea set in. Died March 6th. 1871.

Autopsy; great emaciation; tubercles in both lungs; small tuberculous cavity in one; liver enlarged; mesenteric glands enlarged; numerous tubercular ulcers throughout the course of the small intestine.

Contributed by Asst. Surg. H. E. Waters
Fort Adams, R. I.

See Microscopical Section, Nos. 7523 to 7531.

No. 1078 C.2.S.1.K. 8527

Thin fibrous cyst, holding 1/2 ounces, to one portion of which a fibrous vaicose stem the size of a fine knitting needle and 3 3/4 inches long, is attached. See Microscopical Section, Nos. 4259 to 4262.

The cyst is from the heart of a patient who died from heart disease. On cutting into the left auricle, the cyst floated out with a gush of blood. The part to which the pedicle was attached could not be identified. No other disease of the heart was observed, and

the other organs could not be examined.

Contributed by Dr. B. F. Miller
Cincinnatti, Ohio.

No. 1079 C.4.S.2.C.15 8528

Portion of stomach near pylorus, showing carcinomatous thickening. See Microscopical Section, Nos. 4504 to 4508. 4504, 4508 K

Louis Spade, white, German, age 38, clerk in War Department. Admitted in March 1871 in a cachectic condition. Five hours after admission, had vomiting of clear fluid, for which bismuth and cerium were given. Two days afterwards, vomiting became stercoraceous and so continued till death. His bowels moved several times, stools liquid. Died eight days after admission.

Autopsy: carcinomatous thickening near pylorus of stomach, which was strongly adherent to the surrounding viscera; liver cirrhosed.

Contributed by Dr. Chas. H. Franzoni and Dr. J. S. Beale
Providence Hospital, Washington, D.C.

transf. to Prov. Hosp. no. 53

No. 1080 C.2.S.1.D.25 8529

Portion of heart, presenting calcareous deposits on the aortic valves with atheromatous patches on the mitral valve and ascending aorta; heart otherwise normal. See Microscopical Section, Nos. 4518 to 4520. 4710 to 4710. aorta. lung 4633 to 4634

James Kennedy, white, age about 52, soldier, of intemperate habits. Died suddenly January 25th. 1871. Attention had

not previously been directed to any cardiac disease.

Autopsy: pleura pulmonalis over apex of right lung one-fourth of an inch thick, coated with much purging lymph; bronchial tubes of apex dilated and thickened, surrounding lung tissue consolidated; in middle lobe at one point was a mass of tubercle, with indurated and pigmented walls, the size of a large bean; slight interlobar pleuritic adhesions; left lung slightly adherent; heart contained no blood, pericardium everywhere adherent; valves of left side as in specimen; aortic arch atheromatous, the disease extending into the subclavians and carotids; liver normal; other viscera not examined.

Contributed by Dr. J. D. Barnes
Washington, D. C.

No. 1081 C.2.2.C.15 8530

Aneurism of the aorta, which ruptured through the diaphragm into the left pleural cavity.

Private Timothy Donoho, age 30, General Service, Orderly of Surgeon General's Office. For several years previous to his death, he had complained of pain in the back, relieved only by large doses of morphia or other narcotics. He progressively emaciated, but presented no disordered appetite nor digestion. His urine was examined a number of times, but nothing abnormal was found. Nor was a correct diagnosis of his case made by any of the medical officers who examined him. March 31st. 1871, while eating his lunch in the hall of the Surgeon General's Office, he fell back suddenly and

expired in a few minutes. During the morning he had been complaining more than usual of lumbar pain, and spoke also of violent pain in his left shoulder.

At the autopsy, D. Lamb omitted, no abnormalities were observed except those connected with the aneurismal tumor.

Contributed by Surgeon Basil Norris
Washington, D. C.

No. 1082 C.4.S.3.A.11. 8531

Diverticulum of ileum.
From an eight months foetus.
Contributed by Act. Asst. Surg. D. L. Lamb
Army Medical Museum.

No. 1083 C.4.S.2.C.16. 8532

A portion of the stomach with the spleen attached, showing a scirrhous thickening of the walls of the stomach in the greater curvature, which was connected externally with the hilum of the spleen by a soft medullary growth the size of a hen's egg. The coats of the stomach are cut perpendicularly showing the extent of the thickening. A part of the soft tumor is lost, a part still adhering to the spleen.

Mrs. Isabella Green, age 34, died June 7th. 1871. Had a carcinomatous tumor of the breast twice removed by Surgeon Basil Norris.

See Surgical Section, Nos. 5598 and 5921

See Microscopical Section, Nos. 3513 to 3519 from the tumor of the breast removed October 1869; Nos. 3673 to 3676 from the tumor of the breast re-

moved May 1870; Nos. 3663 to 3672 from the tumor of the stomach; and Nos. 3656 to 3662 from the tumor adjoining the spleen.

For a full history of the case, see Circular No. 3, 1871, page 264.

Contributed by Surgeon Basil Norris U.S.A.
Washington, D.C.

Myprocessus

Nos. 1084 L.4,9.4,D14 8533 Portions of an immense abdominal tumor, weighing 41½ pounds when first removed. The tumor is composed largely of adipose tissue, the lobules of which lay in a voluminous stroma of undeveloped connective tissue. Abundant nuclei were observed between the individual fat cells of the lobules. See Microscopical Section, Nos. 4723 to 4737.

1085 L.4,9.4,D15 8534 A colored plaster cast showing the size and external appearances of the tumor as received at the Museum.

1086 L.5,9.1,C14 The right kidney of the same patient, showing one large and several small cysts.

1087 L.5,9.1,C20 8535 The atrophied and flattened left kidney of the same patient presenting a cyst the size of a walnut on its convex edge.

Li History (Dr. W. W. Broom, 128 Montague St.).

8536 J. McNally. "About two years since, he called my attention to his tumor, then about the size and shape of an ostrich egg, situated in the umbilical region; movable, though not freely, and painless. A temperate, hard-working man, sixty years of age, and had always enjoyed good health. After the first interview, I saw him at intervals of six months and noticed a steady growth of the tumor, without much if any derangement of the general

health. About three weeks before his death he rode a long distance in stormy weather to attend the funeral of a friend, caught a severe cold and died of exhaustion, there being no marked disease of any organ to account for it.

Autopsy twenty four hours after death: the cellular tissue covering the abdomen was filled with yellow serum, which so distended the fat cells that slight pressure would break the tissue up and make it diffluent; the abdominal muscles were greatly elongated, thin and atrophied; the tumor was closely adherent to the abdominal walls throughout its entire extent, the result of chronic peritonitis which had never caused pain; on separating these adhesions the tumor was raised from its bed, bringing up with it the left kidney and its ureter, which were left adherent to the tumor; the right kidney was then removed, it contained several cysts filled with fluid; the stomach was adherent to the diaphragm and its walls pressed closely together from its position between the upper portion of the tumor and the diaphragm; after removal of the tumor no portion of the intestinal tract could be seen; by dissection of the false membrane, the small intestine and a large portion of the colon were found in the right hypochondriac region, and the liver was pressed high up under the diaphragm so as to encroach largely upon the cavity of the chest; yet he is said to have suffered no dyspnoea and was able to attend church regularly until two weeks

previous to his death; the organs in the chest were not examined.

Contributed by Geo. K. Smith, late A.A.S.
Brooklyn, N.Y.

See Amer. J. M.S. Vol. 24, 1837, page 464 for history of somewhat similar specimen.

No. 1088 L.3,½,2,A.11 4537

Lower lobe of left lung, presenting an abscess cavity, 1¼ inches in diameter.
See Microscopical Section, Nos. 4580 from the liver of this case

Annie E. Smith, age 2 years, mulatto, died April 30th. 1871. This child began to ail about a month after birth; she had cruta lactea; afterwards hydrocephalus developed, the head becoming rapidly large, the face being narrow and pointed, the forehead slightly projecting, its breadth decidedly increased. For nine months previous to death she had moist cough, with quick, frequent, rude respiration, and occasionally fever set in and the pulmonary symptoms were aggravated. Applications of moist heat to the chest together with vapor inhalations and syrup of wild cherry internally, relieved the symptoms temporarily. April 16th. 1871 she was attacked with measles; the eruption was attended with an increase in the severity of the already existing respiratory disease; the pulse was 160 to 170; the respirations were 40 to 60. The eruption subsided in four days, but the chest symptoms only temporarily improved. Death took place suddenly while the child was riding out.

Autopsy sixteen hours after death: there was slight rigor mortis in the legs; the occipito-frontal circumference was nineteen inches; the membranes of the brain were darkly congested; no opacity nor thickening was noticed, but there was firm adhesion of the dura mater to the side of the anterior fontanelle for the space of a square inch, the corresponding bone being very thin and translucent; all the sutures were translucent for a diameter of half an inch; the bones of the skull were thin; the brain substance was not much softened; the cavity of the arachnoid was distended with clear serum, the quantity not ascertained; the choroid plexus was congested; the lateral and third ventricles showed a capacity of about two ounces but contained no fluid; no tubercles were found; there were firm old pleuritic adhesions on both sides; the right lung contained some fluid and the bronchi at the root of the lung were filled with pus; there was a large cavity in the lower lobe of the left lung with surrounding consolidation; there were several patches of hepatization in the suppurative stage in the lower lobe of the left lung; the pericardium contained no fluid; the liver was large and presented the nutmeg appearance; there was a little pale fluid in the gall-bladder; the stomach was distended with fluid, and the intestines were distended with air; there was no congestion of either; the spleen was normal.

Contributed by Dr. Daniel L. Lamb
Washington, D.C.

Nos. 1089 b.4,g.5,H.5. 8538 — Portion of liver with gall-bladder attached; the walls of the gall-bladder are greatly thickened and contracted; the liver contained a number of carcinomatous nodules.

1090 b.4,g.5,I.20. 8539 — Seven small gall-stones from the same patient.

b. F. Dutely, age 61, German. He died from hemorrhage of the bowels and stomach. His sister died, age 53, of some form of cancerous disease of the uterus.

Autopsy 19 hours after death: cadaveric rigidity imperfect; cutaneous veins enlarged over the abdomen; surface of body tinged yellow; abdominal parietes darkely discolored, bowels slightly distended with flatus; recent peritoneal adhesions of liver to stomach and diaphragm, and of spleen to stomach; spleen dark red and softened; liver enlarged, indurated, weighed about four pounds thirteen and a half ounces avoirdupois, presented superficial cancerous deposits of gray color, in size from a millet seed to a hickory nut, which were more dense than the surrounding liver structure; lobus Spigelius inflamed, enlarged, presented softened patches and impinged upon the inferior vena cava; the gall-bladder was greatly contracted, the coats were indurated and thickened, the excretory duct nearly closed; it contained merely a trace of bile and seven quadrilateral gall-stones; the ductus choledochus was dilated; the stomach showed punctiform blood injections of the mucous membrane; the colon showed blood injections in patches of the mucous membrane; the lungs were normal except several cellaceous deposits in their structure, the heart, kidneys and bladder were normal; the other organs were not examined.

Contributed by Dr. H. Culbertson,
Zanesville, Ohio.

No. 1091 b.4,g.2,C.17. 8540 — Stomach and left lobe of liver. The stomach is opened posteriorly and presents an extensive carcinomatous thickening chiefly of its anterior wall not involving the pyloric valve; between the anterior surface of the left lobe of the liver and the stomach is an extensive abscess-like cavity, which opens into the stomach.

See Microscopical Section. 3688. 4282. 4293. 4294. 4295. 4715. 4717. 4302.

Jacob Dietrich, age 43, German, pastry-cook, was admitted to Providence hospital December 20th. 1870. In August 1869 the disease commenced with the ordinary symptoms of indigestion, viz: a feeling of oppression, weight and fulness after meals, acidity, flatulence, &c. When admitted there was a tumor in the epigastrium and an increased area of dulness on percussion over the liver, which seemed much enlarged; there was tenderness over the region of the stomach. He never had any hemorrhage nor vomiting. These negative symptoms excluding cancer, the inability to take and digest food led to the diagnosis of fibroid thickening of the stomach with concomitant enlargement of the liver. He was exceedingly anemic but never had irritative fever nor any other indication of the formation of pus; no rigors. He died April 15th. 1871.

The autopsy revealed cancer of the stomach and a gastro-hepatic abscess

discharging its contents into the stomach; the liver weighed about fifty ounces and was congested; the diaphragm was studded throughout with tubercle-like deposits, as also were the omentum and mesentery; the lung, kidneys, spleen, &c. were healthy.

Contributed by Drs. C. W. Franzoni and J. S. Beale, Washington, D. C.

No. 1092 15, 5, B 39 8541

Carcinoma of the uterus. The organ presents an oval tumor the size of a hen's egg at the fundus and a spongy ulcerated fungoid mass at the cervix. Exteriorly near the fundus is a cyst, an inch and a half in diameter

See Microscopical Section, 4906 to 4913. (1)

From a light mulatto woman, age 50. Died May 14th. 1871. Autopsy May 15th.

Contributed by Dr. A. Behrend Washington, D. C.

No. 1093 14, 3, N 14 8542

Fragments of taenia lata (?). 30 feet ~~inches~~ in total length.

Contributed by Jefferson, Texas.

No 1094 14, 3, N 18 8543

Portions of taenia 9 feet long, passed by a private of battery A, 2nd. Artillery, who stated that he had had symptoms of worms for eight years, having passed at various times

numbers of segments. The medicine used was a concentrated decoction of pumpkin seed.

Contributed by L. Y. Loring, Asst. Surgeon. Fort Riley, Kansas.

No. 1095 6, 3, 9, 1, 6, 1. 8544

Larynx presenting raspberry-like epithelial vegetations on its mucous membrane. The patient died of syphilis. He had suffered for some time previous to death from difficult breathing. The appearance of the parts was in every way similar to vegetations of the glans penis, of which also he had an abundant crop.

Contributed by Dr. E. Gurling Cleveland, Ohio.

No. 1096 6, 6, 9, 4, 5. 8545

Portion of right pectoralis major muscle near the sternum, beneath which is a flattened medullary carcinomatous growth 3 inches in diameter, and 3/4 inches thick. The growth appears to involve the lower portion of the pectoral muscle itself. A microscopical section shows muscular fibres imbedded in the substance of the growth, and held apart by the cancerous tissue.

See Microscopical Section, Nos. 3694 to 3696.

Mr. —, clergyman, age over 50, rather a spare man; had been in good health. About four weeks before death, he was attacked with what appeared to be an intermittent fever, during the progress of which a tumor was noticed developing itself under the right pectoral muscle near the sternum. It

continued to enlarge till he died March 12th. 1871.

Autopsy: the tumor rested on the rib cartilages, without penetrating between them; the external jugular and axillary veins of the right side were blocked up by firm clots which were noticed before death; the cavities of the body were not examined.

Contributed by Dr. J. F. Thompson
Washington, D. C.

No. 1097 L.5, S.5, E.40 8546

Foetus of about three months.
Contributed by Dr. J. W. Van Arnum,
Washington, D. C.

No. 1098 L.4, S.3, I.30 8547

Portion of transverse colon showing trifling enlargement of the solitary follicles, each of which presents a minute orifice at its summit.

Seneca Childs, age one year, mulatto, died September 11th. 1871 of diarrhoea which had lasted all summer.

Autopsy on the 14th.: the chest and abdomen were livid; emaciation extreme; the brain was not examined; the heart was flaccid; the pericardium contained some clear fluid; the lungs were healthy except slight congestion posteriorly; the stomach and intestines were thin, the stomach healthy; the small intestine was healthy except slight enlargement of the solitary follicles in the lower ileum; the large intestine was dotted throughout as

in the specimen; the spleen was small and dark brown colored; the liver was slate colored externally, dark internally; the kidneys were softened. All the tissues were bloodless except posteriorly, where post mortem congestion had taken place.

Autopsy by Drs. D. S. Lamb and J. M. Duncan, Washington, D. C.

No. 1099 L.4, S.5, C.9. 8548

The left lobe and a portion of the right lobe of the liver. An incision in the right lobe near the suspensory ligament, opens into an abscess-cavity 4 inches in diameter.

Sergeant John P. Martin, "F", 14th. Infantry, was taken sick with symptoms of inflammation of the stomach; these symptoms being the most prominent of his disease for the first two weeks of his illness; this diagnosis being fortified by the fact that he had been a very intemperate man. Subsequently acute suppurative hepatitis supervened and was well-marked; the diagnosis being in no way uncertain for four weeks previous to his death. He died February 1st. 1871.

Autopsy four hours after death; the rigor mortis was well-marked, the body much emaciated; the tumor did not present near so prominently, as a week before death; the enlarged liver presented prominently throughout the region, corresponding to the face of the tumor during life, namely the right and left hypochondrium and epigastric region; an incision six inches in length opened a suppurating cavity, whose cubical area was equal to a pint, and filled

with a thick, creamy pus; the liver weighed five pounds, two ounces, after the abscess had been emptied of its contents; there was no well-marked pyogenic membrane lining the cavity of the abscess and but very little of the liver tissue proper between it and the cavity of the peritoneum.

Contributed by Asst. Surgeon F. Meacham
Omaha Barracks, Nebraska.

No. 1100 — Enlarged right kidney with the supra-renal capsules of both sides and the vascular connections of the parts. The left kidney was not found in the post mortem examination. The left supra-renal vein, one inch from the vena cava receives from below a branch 4½ inches long, which bifurcates inferiorly, one branch being probably the spermatic vein, the other the vein of the undeveloped and misplaced left kidney. This however was not found during the autopsy, which was unavoidably made in haste.

1101 — Two cysts, each about an inch in diameter and connected by fibrous tissue, which rested on the left common iliac artery. From the same patient. The walls of these cysts have undergone calcareous degeneration.

Private Anson Windover, K, 22nd. Infantry, age 22, tall and spare. He had lately returned from detached service and was probably somewhat enfeebled by venereal excess, masturbating and other causes. He was admitted to the Post hospital January 30th. 1870 with the signs and symptoms of pneumonia. He had complained of feeling unwell for some days; he had no decided chill, and the actual date of the commencement was undetermined. On admission, dullness with fine crepitation was made out over the lower half of the left lung posteriorly and laterally. There was very little cough and no sputa. Temperature 102.6. Pulse 104. Respirations 38. He was restless and complaining. The treatment adopted had as its objects the alleviation of pain and the support of the patients strength; and for the attainment of these objects, opiates, beef tea and wine were freely used. 31st. T 100.6 M and 103.8 E. P 108. R 28 and 38. February 1st. T 103.2 and 103.8. P 110 and 104. R 40. 2nd., T 102 and 102.6. P 108 and 118. R 42 and 46. On the 3rd., it was clear that the disease was extending and that the right lung had also become involved. T 102.2 and 103.8. P. ~~in the evening~~ 140. and R. not counted. 4th., he exhibited jaundice. T 103.2 and 103.4. P. in the evening 140. R. in the evening 52. Carbonate of ammonia in addition to alcohol, was now given in liberal doses. Whiskey was substituted for wine and chicken broth for beef tea, as the latter was distasteful and seemed to produce purging. 5th., T 103.2 and 101.4. P 144 and 146. R 56 and 58. 6th., T 102.4 and 101. P 156 and 140. R 64 and 66. 7th., T 100 and 101.6. P 138. R 66 and 56. But little hope of the patient's life was entertained from the time of the invasion of the right lung. The man himself was despairing from the first. He died February 8th., at 6 A. M.

Autopsy eight hours after death; there was moderate emaciation; the rigor mortis was pronounced; the entire surface of the body

presented the hue of jaundice; there was no recession of the lungs after elevation of the sternum; there were two ounces of clear straw-colored serum in the pericardium; large, dense, white clots were entangled in the chordae tendineae of both ventricles; the washed heart weighed twelve ounces avoirdupois; the pleural surfaces were generally adherent; these adhesions which were recent, were most dense and firm over the lower and back part of the left lung; the lobes were agglutinated so completely as to almost mask the divisions; all the inflammatory products were tinged with bile; there were from two to four ounces of greenish yellow serum in each pleural sac; the weights of the washed lungs were of the right three pounds and twelve ounces and of the left two pounds and thirteen ounces, avoirdupois; both lower lobes of the right lung and more than half of the left lung, were in a state of red hepatization; the peritoneum was apparently healthy; the omentum was nearly destitute of fat; the stomach contained a small quantity of dirty looking liquid, probably ingesta, the coats seemed sound; the intestines contained very little, solid or liquid; the liver was apparently healthy and weighed four pounds and eleven ounces avoirdupois; the gall-bladder was empty; the splen was normal in appearance, its weight eleven ounces avoirdupois; the kidneys presented an anomaly, the right being twice or thrice the usual size, the left so small as to require the removal of the intestines before it could be discovered; from appearance the left kidney had never had a functional existence; no water could be traced on that side; two singular looking cysts spherical in shape, each

about one inch in diameter, with calcareous capsules rested close together and parallel to the median line across the left common iliac artery.

Contributed by Surgeon C. C. Gray
Fort Randall, D. T.

Nos.

1102
C. 4, S. 3, F. 62.
and
1103
C. 4, S. 3, F. 63.

Successive portions of the ileum showing thickened and ulcerated Peyer's patches and solitary follicles. [Enteric Fever]. Sketch in Case Book.

1104.
C. 4, S. 3, F. 64.

Portion of ascending colon of the same patient, showing enlarged and ulcerated solitary follicles.

4551
L.
8553

Private Michael Kinsill, Recruit in the General service, age 23. He reported at sick call Monday morning May 1st. 1871, saying that he had suffered with chills and fever, felt tolerably well and did not desire to be excused from duty. He was given five grains of quinine three times daily for two days. 3rd., he looked so badly that he was at once admitted to hospital. He had fever. An effervescing draught of citrate of potash was given every three hours. At night he was slightly delirious. 4th., at the morning visit he still had fever with slight cough and dryness of the throat; the throat showed no inflammation. He made no other complaint. The abdomen was not tender, there was no pain in the chest, but dry musical rales were heard. At the evening visit he was somewhat stupid and presented the aspect of a typhoid fever patient; the fever had not abated. 5th.,

he was still feverish; the throat and mouth were dry; the skin was hot and dry; he had been delirious during the night; there was no gurgling nor pain or pressure in the iliac fossæ, no eruption, nor diarrhœa, nor epistaxis. At the evening visit his condition was unchanged. Syrup of ipecacuanha a half drachm and tincture of aconite five drops were given three times at intervals of two hours if the first dose did not produce diaphoresis; oil of turpentine was applied to the chest and warm baths were applied to the feet; a half drachm of sweet spirit of nitre was given every two hours. 5th, the fever had not perceptibly remitted; the thermometer however registered a fifth of a degree less than on the previous evening; he was growing more stupid; the tongue was becoming dry, the urine was scanty and loaded with urates; he urinated involuntarily; he was delirious all night; he could not protrude his tongue without first taking a sip of water, and then only with difficulty. Beef tea and brandy were given ad libitum. In the evening he was still more stupid and his temperature was high. 7th., he was quiet all night and was becoming comatose; his fever had increased; his temperature three fifths of a degree above the previous evening. The coma deepened during the day and the temperature gradually increased till 6.30 P.M., when the thermometer registered 107°. He died at 8 P.M.

Autopsy fifteen hours after death: the body presented numerous ecchymoses resembling purpura; the dissection was excessively dry, the muscles scarcely oozing the hand; the organs of the chest were all normal; Peyers patches were enlarged

and in some places beginning to ulcerate, the lesion embracing four yards of the intestines including the ileo-cæcal valve; the mesenteric glands were slightly enlarged and the intestines in the vicinity of the diseased Peyer's patches much congested; ~~the~~ no other lesion was found.

This case is interesting from the short period during which he was sick and from the absence of the usual symptoms of typhoid fever; there was no hemorrhage, nor diarrhœa, nor pain in the bowels, nor tympanites, nor gurgling in the iliac fossæ, nor any eruption. In fact it would have been difficult, almost impossible to have established the diagnosis of typhoid fever without the autopsy. The only symptoms of typhoid fever present during life, were the hot skin, dry tongue, delirium and mental vacuity.

Contributed by Surgeon Chas. Page
Fort Columbus, New York Harbor.

Nos.

1105 The right and
1106 The left kidneys, each presenting a number
6.5, 9.1, F 5 and 6. of large calculi imbedded in the substance
8554 of the organ. The calculi consist chiefly
to of phosphates* of lime with some urates and
8555 with nuclei in which the urates predominate.

A photograph of No 1106 accompanies the specimen.

Mrs. K—, a very obese woman, German, weighing from 220 to 230 pounds, age 49,

and the mother of nine children. Within
the three months previous to death, she
had had several attacks of nephritic colic
on the left side. On Sunday February 5th., 1871,
she was seized with severe pain in the right
lumbar region extending down in the course
of the ureter, accompanied with constant
vomiting and continuing throughout the
day. In the evening, after the cessation
of the pain, she passed urine. From this
time, with the exception of one or two drops
of bloody urine on Monday morning, no
more was passed up to my visit at 8 A.
M. Wednesday the 8th., nor till her death,
with the exception of a few drops drawn
by the catheter. 8th., she had constant nau-
sea, drowsiness, vertigo, muscae volitantes,
and a full uncomfortable feeling about
the head; the pulse was 72, full and in-
compressible; the bowels were constipated;
there was some tenderness on pressure above
the right loin posteriorly but more in the
anterior lumbar region. On passing the
catheter, a few drops of bloody urine were
withdrawn. 9th., she was somewhat more drow-
sy; the bowels were not yet moved; during the
day she complained of being very faint. 10th.,
she had passed a comfortable night; her
head felt less oppressed; there was less drow-
siness; the pulse was 80 and had lost its
hardness; the skin was moist, the bowels
still unmoved; the tongue was coated and
somewhat dry; the pupils were contracted.
At 3 P.M. she suffered much pain along the
course of the right ureter and over the pubic
region; the catheter was passed, but the
bladder was empty; the bowels had moved
twice and the stools were thin and dark;
11th., she had had pain during the night

with desire to urinate, but was feeling more com-
fortable and had been dozing; there was
no delirium; the bowels had moved four
times; there was much tenderness over
the right lumbar region. In the evening
she complained that she felt as if fall-
ing from a height; she still had severe
pain with decided tenderness on pres-
sure over the left hypochondrium;
the pulse was 76. 12th., she felt better; no
urine had been passed; the bowels had
moved twice; the pulse was 84 and tense;
there was some nausea. In the evening
she was very drowsy; there was no head-
ache; there was an aversion to food and a
bitter taste in the mouth. 13th., she had
not slept any because of pain and constant
tenesmus; there were no head symptoms;
the pulse was 84; the skin was dry; the
tongue was dry and coated; the bowels
were open; she refused food; she com-
plained that on first awaking, everything
looked dark; the hands twitched spas-
modically; there was great thirst. 14th.,
there was
a strong ammoniacal odor from the skin;
the respiration was not peculiar; an ex-
amination of the heart revealed nothing
abnormal. 15th., she had rested well;
she vomited twice and complained of
headache; intelligence was normal; there
was pain and distress at the pit of the
stomach; the pulse was 104, resistant; the
skin was dry; At 6 P.M. she had been sleep-
ing most of the day; singultus was trouble-
some; she vomited twice and the bowels
were moved; there was decided tender-
ness on pressure over the right lumbar
region; there was no headache, but was
quite indifferent to what was passing; the

pulse was 100; the skin was dry. 16th., she dozed quietly during the night and morning, except when disturbed by hiccough and retching; she made no complaint of the head; the pupils were normal; there were decided twitchings of the muscles; there was no delirium; the respiration was short and frequent; there was no cardiac murmur; the abdomen was distended with tympanites; the pulse was 104, the skin dry, and the apathy increasing. 17th., she was uneasy; the tympanites was increased; there was no movement of the bowels; when aroused was quite conscious and intelligent; she had no thirst, and there seemed to be dysphagia; the pulse was 124 and thready; the skin was moist and cool; the perspiration had a decidedly urinous odor. Sweating became very profuse, and the surface very cool; there was no coma, convulsions nor delirium. She died very easily at 5.30 P.M.

Autopsy 22 hours after death: there was no urinous odor about the body; the right kidney was very much enlarged and intensely congested; it weighed 10 ounces; the pelvis and infundibula were slightly dilated and contained a small quantity of a pale, limpid fluid; a large calculus weighing 19½ grains occupied the superior infundibulum; the right ureter was obstructed by a cone shaped concretion weighing eight grains; the left kidney was pale and weighed eight ounces; there were twenty two calculi of different sizes in the infundibula; the funnel shaped portion of the left ureter was distended by a very large calculus; the rough point of this concretion had worn an orifice in the

ureter.

Contributed by Dr. Louis Mackall, Jr.
Georgetown, D.C.

Nos.
1107 Lower portion of right ureter, with part of
C.V.S.1.G.1. bladder attached; the ureter enormously
8556 thickened (to more than an inch in some places), extensively ulcerated on the inner surface, and contained two calculi of oxalate of lime. See Microscopical Section, Nos. 4939 to 4944, 55 56.

1108 Right kidney of same patient in a condi-
C.S.S.1.C.21. tion of hydronephrosis; the cortical sub-
8557 stance in many places, is less than a quarter inch in thickness; the ureter distended to an inch in diameter.

1109 Two calculi of oxalate of lime, found
C.S.S.3.C.2. in the ureter; the largest weighed
8558 grains, the smaller grains. There were no urates nor phosphates in their composition.

1110 Right lung of same patient filled with
C.3.S.2.H.3. numerous nodules, from the size of a
8559 birdshot to that a hazelnut or larger; these nodules are most numerous on the surface; where they present themselves as irregular nodulated, sometimes umbilicated elevations; others however were encountered in the interior of the organ. See Microscopical Sections Nos. 4924 to 4930. 4931 to 4938

The left lung was in the same condition but had in its interior a few oval hard nodules of larger size than those in the right lung; it was too much mutilated during the autopsy to be suitable for preservation.

These specimens were not submit-

ded for microscopical examination until they had been hardened in alcohol for two months. Sections of the thickened ureter showed it to consist of a small-celled texture, irregularly infiltrated into the normal tissues of the part. Numerous adipose tissue cells could be distinctly recognized, pushed apart however to a considerable distance, sometimes fully equal to their own diameter, by a granular material, in which small cells were numerously imbedded. The lung nodules for the most part presented a central harder portion, which in its anatomy closely resembled the small-celled new tissue of the thickened ureter. The elements however in some sections of lung nodules were more spindle-formed in character. Surrounding such central nodules was an irregular area, in which the alveoli of the lung tissue were filled with granular matter, in which no structure foreign to the anatomy of the lung could be discerned.

Contributed by Dr. Jas. E. Morgan
Washington, D. C.

Nos. 1111 C.J. No. 9. (see first below) 85 60

Exoding epithelioma of left sub-maxillary region. The ulcer extends from the thyroid cartilage to the margin of the lower lip, involving the soft tissues of the sub-maxillary region; it was 3 inches from before backwards, 3 inches in transverse diameter and about 1½ inches deep; the inferior maxillary bone was involved in the cancroid growth and fractured at the junction of the bicuspid and molar alveoli, and all the teeth on

the left of the symphysis were loosened; the morbid infiltration extended upward internal to the ramus of the jaw to the infra-mastoid depression. The piece consists of the lower jaw with the tongue, soft palate, larynx and the integuments immediately around the ulcer, attached. See Microscopical Section, Nos. 5760 Idaho-5336, 5760 to 5764 glands: 13 5766.

* insert this above

1112 C.J.S.I.E.15. 85 61

Portion of right ventricle of the same patient presenting two opaque white patches, ¾ inch in diameter [spots of bruwithier].

Timothens Lowley, native of Cork, Ireland, fair complexion blue eyes fair hair, corporal troop D, 1st. United States Cavalry, age 39, was admitted to Post Hospital, Ft. Lapwai, Idaho T., March 9th. 1870. Asst. Surgeon C. K. Gunlead says in a letter dated March 24th. 1872: "On the 9th. of March 1870 I removed from his lower lip near the left angle of the mouth an epithelioma, which was about an inch in length by half an inch in width. From the imperfect history he could give of the case, I learned that three years before, his attention was called to a small wart in that situation, which occasionally gave him pain; but as its progress was slow, he paid no attention to it until from its size and the constant pain it gave him, he was forced to come up on sick report. He had had repeated attacks of syphilis, and thought this to be a sequence. I examined the neighboring glands very carefully but could not discover any indication of disease in them; the tissues immediately about the ulceration were apparently not involved, and the man's general health was excellent. I examined microscopically the fluids exuding from the surface of the cancer, and found epithelia, molecu-

lar matter, and what I took to be the 'laminated capsules' described by Mr. Paget. In operating, I administered chloroform and made a V incision, including about a fourth of an inch of what seemed to be perfectly sound tissue, and examined the cut surface carefully before putting in the sutures for any evidence of the disease, but did not find any; but two ligatures were required and the hemorrhage was trifling. The wound healed almost entirely by first intention, and in fourteen days he was performing duty, with very little evidence of the wound existing." The case is also reported in the Report of Surgical Operations for the First Quarter of 1870, at Ft. Lapwai, Idaho T., in which, besides the above particulars, it is stated that the wound made by the operation, was dressed with cold water lotion for three days, afterwards with carbolized cerate. With regard to the subsequent history of the case, Surgeon Greenleaf continues: "Sometime in the Spring of 1871 (about a year after the operation), Crowley came to me with a swelling under the body of the lower jaw, which looked like a boil. I examined the old cicatrix carefully but there was no sign of disease there; however as this swelling was directly under the former site of the disease, and in close connexion with it, I feared that it was about to develop itself again; the tumor fluctuating, I opened it carefully and withdrew about a drachm of a straw-colored fluid without smell and negative in results under the microscope. A poultice was applied for a few days and as the swelling had almost entirely disappeared, a dressing of carbolized cerate was used. He was extremely averse to coming on sick report, and could perform what duty

was required of him; hence his case does not again appear on my register. About three weeks after opening this apparent boil he came to me again, and I found the edges of my incision commencing to ulcerate, and the tumor to increase in size and harden. Feeling satisfied that the disease had returned, and that operative procedures would probably only make matters worse, I told him my opinion of the case and my unwillingness to operate, and advised him to quit the service and go home. He preferred however to remain and I simply treated the case with carbolized cerate and a little morphia locally, and iron, quinine and cod liver oil internally, with a generous diet of meat etc. While under this treatment, his company was ordered to Arizona, and he left the Post with it in June 1871, since which time I have not seen him."

Crowley was admitted to Soldier's Home September 24th. 1871, still suffering from the disease, which gradually progressed till his death February 8th. 1872. He died exhausted having had no considerable hemorrhage from the ulcer. Had been in service 26 years.

Autopsy [Acting Assistant Surgeon D. G. Kennedy] 15½ hours after death: rigor-mortis well-marked; height 5 ft. 7¼ inches; much emaciation; a few slight old adhesions of middle lobe of right lung; lower lobe of left lung congested; pleural cavities dry; pericardium contained about three ounces of straw-colored serum; anterior surface of heart exhibited two patches of white fibrinous deposit; right auricle and ventricle stuffed with white clots; a large well-washed clot extended from the left ventricle through the arch of the

aorta; aorta immediately beyond the valve showed slight calcareous deposit and atheroma; liver quite fatty; gall-bladder collapsed and very pale; pancreas healthy; spleen softened, dark brown and adherent at upper border, by a patch of lymph an inch square; kidneys enlarged and congested; brain slightly softened; a large quantity of fluid blood in the venae cavae. The ulcer as described above.

In its minute anatomy, this case was very similar to that of No. 5540.

Microscopical Sections 2695 to 2705

Surgical Section.

See Microscopical Section, Nos. 2695 to 2705

Contributed by Surgeon C.H. Laub,
Soldiers Home, Washington, D.C.

No. 1113 C.S.S.S.E.41. 8562

Uterus with parts of bladder and vagina; cervix uteri and the lower part of the body of the uterus destroyed by an irregular carcinomatous ulcer, by which the bladder was perforated in several places; the mucous membrane of the bladder adjacent to the vagina was the seat of a number of minute polypoid growths; the uterus was adherent to the adjacent knuckles of intestine, which with the ovaries and broad ligaments were bound together so as to form a dense mass which filled the pelvis, and in which the several parts could not be satisfactorily distinguished. No communication was found ~~between~~ with the bladder ~~and~~ or rectum.

See Microscopical Section, Nos. 4633, 4906 to 4913. See also 4632, 5904 & and. 4790 to 4794 incl. & 5917.

" Mrs. Anna Petersen, age 52, native of Germany, married, mother of five children,

the youngest about 15 years of age. She enjoyed good health up to the time of and sometime after seizure with the fatal malady, with the exception of herpes vulvae, which at times gave her a good deal of trouble. There is no hereditary taint traceable, except the predisposition to herpetic eruption, under which several members of the family suffer. In the year 1859 I was called to see this lady on account of a severe hemorrhage from the vulva caused by the fragments of a broken chamber utensil, on which she had been sitting to urinate, and which broke under her weight, entering the vagina, and inflicting a serious wound. This was arrested by a tampon and cold applications. After her recovery, being absent from the city, I lost sight of the case till the 6th. of January, 1870, when I again saw her, in consultation with an eminent physician of this city. The herpetic eruption had disappeared after the hemorrhage, and he had been treating her for several months for an ulcer of the cervix uteri. His last application had been pure bromine applied on a sponge so unsparingly as to cause severe scalding of the vagina and vulva and even the anus. This was treated by emollient applications and she recovered from the effects of the application, after a portion of the posterior lip of the cervix uteri had sloughed off. A microscopic examination of the discharges satisfied me we had a case of epithelial cancer to deal with. The other gentleman now withdrew and the case came into my hands. There was at that time (about March 1870),

an ulcer the size apparently of a silver quarter. This was treated again with bromine but in very reduced quantity; a little applied on the ragged end of a pounded pine stick; applied once a week and alternated with touches of nitrate of silver; after this a strong solution of iodine in glycerine was applied daily to the ulcerated part on a pledget of cotton. Injections of infusion of Prince's pine and afterwards of a solution of sulphate of iron, were also used. Internally she took arsenic, Huxham's tincture of bark with iodide of potassium and latterly bromide of potassium in twenty grain doses three times daily.

This treatment reduced the ulcer to the size of a silver three-cent piece in the Spring of 1871. She appeared to be recovering, having gained some twenty pounds of flesh and having a good clear complexion. But now a change took place; she began to suffer severely in urinating; and afterward she became very constipated and her bowels could only be moved by strong purgatives. Examination per rectum revealed the body of the uterus enlarged and pressing on that viscus. A fungus also protruded from the os uteri and pressed upon the urethra; this fungus continued to grow till the time of her death. About three months ago she heard of cundurango and consumed about $35.00 worth of the drug at $5.00 per two ounces of the fluid extract, all other treatment ceasing at the time except an occasional opium pill to relieve the pain that now had become quite severe. While under the cundurango she became rapidly worse and it was discontinued about three weeks before her death; during which time she took bromide of potassium only and an occasional opiate to soothe pain. Urine and

faeces began to pass involuntarily by vagina. For a week before her death she was comatose but could be roused. She died October 18th. 1871."

Autopsy, [Acting Assistant Surgeon D. L. Lamb] 25 hours after death: some rigor mortis in arms, but body still quite warm; much emaciation; face sallow; head not examined; lungs collapsed, healthy; pleurae dry; heart healthy; stomach healthy; small intestines somewhat distended with gas and showed post mortem congestion; a portion of the ileum and the extremity of the appendix vermiformis adherent to the pelvic mass; the large intestine appeared to be somewhat thickened; the spleen was healthy; the liver was indurated and rather bloodless; a little dark bile in gall-bladder; kidneys healthy; lumbar glands enlarged to the size of almonds, forming a large mass over the lower lumbar vertebrae; bladder and other pelvic viscera as in specimen.

Contributed by Dr. J. J. F. Holston
Washington, D.C.

8563 is transferred to 46 Prov. post.

No. 1114 C.2.S.2.B.7. Portion of ascending aorta with semilunar valves; the aorta is atheromatous and presents small calcareous deposits on the valves. 8563

1115 C.5.S.1.B.10. Small granular kidney. See Microscopical Section, Nos. 5708 to 5712. 8564

Private William Skelly, Battalion "G", 5th. United States Artillery, had been on sick furlough from his Post (Ft. Preble, Me.) for some time, and finding himself growing worse, applied to the Medical Director of the Department for treat-

ment, and on the 9th. of November, 1871, was sent here. He said he had been ill since the latter part of July, but knew nothing as to the exciting cause of his troubles, which on admission to this Hospital, were moderate anasarca with dyspnoea and teasing cough; there was no decided pain and had been none. The difficulty of breathing when lying down was the only thing seriously complained of. A cursory examination fixed attention upon the heart, which beat with more than normal force and seemed somewhat enlarged. There was also a distinct prolongation of the second sound, partially masked by diffused fine râles. No history of previous trouble with either liver or kidneys. Temperature 99°+; pulse 90. Examination of urine showed that it was of acid reaction; sp. gr. 1021; and almost solidifying into albumen upon application of the usual tests. Some of the urinary sediment was sent to Surgeon Page U.S.A. for microscopical inspection and was found by him to be largely made up of broken tube casts, epithelium, fat globules, kidney debris generally. This was believed to show that the kidneys were the organs primarily at fault, and that the thoracic affection was secondary. Treatment which had been hitherto essentially diuretic (digitalis, squill, &c.) was modified in accordance with the changed diagnosis. Bitartrate of potash was administered freely and the liberal purging that presently resulted gave the patient considerable relief. He however grew worse, and died December 17th.

The dyspnoea and cough undoubtedly depended upon oedema of the lungs; and yet great comfort uniformly followed the

use of the fluid extract of wild cherry bark, originally administered as a placebo. Again during the last fortnight of the patient's life, his suffering seemed somewhat lightened by small quantities of the classical drink of gin and milk. Finally the skin about the ancles and feet gave way at several points. The copious drainage that ensued, rapidly reduced the anasarca.

Autopsy 24 hours after death: body much emaciated; no appearance of dropsy; no unusual amount of fluid in pericardial sac; heart nearly natural in external appearance; left ventricle somewhat hypertrophied; cavities all contained a little blood; dense fibrinous clots extending into the vessels leading from the organ; nothing noteworthy was observed respecting the valves, except the aortic in which were some small calcareous deposits; the inner coat of the ascending aorta was atheromatous and presented numerous calcareous plates; it was decidedly dilated; left pleura and lung normal; recent adhesions over the lower lobes of right lung. (This reminded us of the fact that occasionally during the last days of his life, the patient mentioned that he felt some pain in his right side; the existence of pleurisy however was undiscovered and unsuspected). Liver and stomach apparently healthy; the same was true of the other abdominal viscera, save the kidneys, both of which appeared to be in a state of granular degeneration.

Although many times examined, the urine was always found above 1020.

Contributed by Surgeon C. C. Gray
Ft. Wood, New York Harbor.

Nos. Extra-uterine foetation, coexistent with u-
1116 terine pregnancy. Uterus and appendages
C.S.S.S.E.42 with sigmoid flexure and part of rectum
8576 attached; the involution of the uterus
is well advanced; in the recto-uterine
fold are the remains of a cyst, rather lar-
ger than an orange, which contained an
1117 Embryo about two inches long with mem-
C.S.S.S.E.43 branes; the latter have been the seat of
8576 apoplectic hemorrhages, which give them
the appearance of the so called fleshy
mole. The embryo was considerably injur-
ed by handling before it was received
at the Museum; but the ribs, vertebrae and
a portion of the cranial bones are readily
recognizable.

1118 An rather larger embryo, aborted weeks
C.S.S.S.E.44 previous to death; by the same patient,
8576 age , was admitted to
hospital , where she aborted of
the foetus above described No. 1118. She died
Dto the autopsy, a second embryo
with its membranes was found in the
recto-uterine fold as above described.

Contributed by Dr. J.H. Thompson,
Columbia Hospital, Washington.

No. Large aneurism of aorta which has protrud-
1119 ed through the sternum, and caused death
C.2.2.C.K by rupture through the trachea

8564 Musician Lorenzo Fin, Band of 4th. U. S.
Artillery. In the earlier history of the subject of
this article, there is a rumor of intemperance,
but nothing definite has been learned in
this regard. The patient is also reported as
having contracted constitutional syphilis

according to his own statement; but there is
no sufficient evidence of this. During the
period of about two years, that is, from
the first positive diagnosis of aneurism
to its fatal termination, his habits, so
far as known, have been perfectly regular.
He has been nominally on sick report
since October 19th., 1869, but at his own re-
quest, has generally been permitted to
perform his duties as musician, when
he felt able, up to about two months
before his death, when the urgency of his
symptoms rendered it necessary to
forbid all exertion. Whatever original pre-
disposition or acquired tendency, there
may have been towards degeneration
of arterial tissue in this case, is there-
fore uncertain; but the development of
the aneurism is unquestionably due to
his occupation, and consequently the
disease must be considered as having
been contracted in the line of duty.
He is known to have played the bass
tuba in the military service for up-
wards of ten years. The clear connection
between the dilation of the arteries and
the peculiar kind and degree of respir-
atory exertion required in using this
instrument is interesting in a pro-
fessional point of view, particularly in
its connection with the pulmonary em-
physema noticed below.

When the case came under the wri-
ter's observation, in November, 1870, the phys-
ical signs of a large aortic aneurism
were manifest, as, indeed, they had been
for many months previously, according to the
testimony of several other medical offi-
cers; and no special change was notice-

able until about two months before the fatal issue. Physical examination of the lungs at that time gave negative results.

The external signs of the disease consisted chiefly, if not wholly, in the presence of a pulsating tumor directly in the median line of the sternum, between the articulation of the second and first pair of ribs, where the constant pressure had effected absorption of the bone, and permitted hemispherical protrusion of the aneurismal sac through a circular opening of about the size of a silver half-dollar.

The rational signs of disease, up to a short time before death, were remarkably slight, considering the site and size of the aneurism. The patient's general health was excellent, and his daily avocations were not perceptibly interfered with. He habitually wore a small bladder filled with ice upon the sternal tumor; but with this exception, no definite continuous treatment was attempted, since it was evident that nothing beyond ordinary precaution against undue exertion, and other obvious hygienic, would be of any avail.

After the aneurism had thus for nearly two years grown at such slow rate that it seemed almost stationary, a rather sudden aggravation of all the previous symptoms, and the appearance of additional ones, showed that either the tumor was rapidly enlarging, or that with the same slow progress, it had at length reached a condition that could not be longer tolerated. The latter is the more probable supposition, since the autopsy showed nothing indicative of sudden enlargement; while on the other hand, the many firm adhesions of the sac to neighboring parts that the post-

mortem showed, pointed plainly to gradual changes, slowly progressing for a long period. It is probably owing in large measure to these firm adhesions, which served to anchor the sac and steady it under the heart's impulses, that life was prolonged for a period unusual in cases of aneurism of the dimensions that this one eventually reached.

About the middle of July, 1871, the patient applied for specific treatment for a troublesome hacking cough, which, together with severe pain beneath the shoulder blades, obliged him to desist from his duties as musician. Both these symptoms were clearly referable to extension of the tumor backwards, and its pressure upon the trachea and bronchi. Much dyspnoea shortly supervened from the same cause; and at length obstruction of the oesophagus added dysphagia to the other symptoms. The cough was accompanied by copious expectoration, at first of ropy mucus, then of the same tinged with blood, and finally of dark livid muco-purulent secretion of offensive odor. These latter symptoms, with the hectic fever that attended the last two or three weeks of the patient's life, seemed to point to tubercular disease, or rather to the presence of pulmonary abscess; and the physical signs confirmed this belief. The autopsy however, reversing this decision, showed that the loud respiratory murmur was due to emphysema; and the offensive expectoration to the ulceration and finally the ephacelus of the trachea at the place where it was compressed between the aneurism and the dorsal vertebrae.

In the ante-mortem history of this

case there is nothing further to note except that the mode of death was by rupture of the wall of the sac at its thinnest spot, namely, opposite the tracheal ulceration. Just here, in a small, circumscribed space, the sac had 'pocketed', and the interior of the aneurism was only separated from the tracheal tube by an extremely thin fluctuating membrane, that was ruptured during a fit of coughing. A torrent of blood poured into the windpipe, and thence streamed from the mouth, causing death almost instantly (September 12th. 1871).

This aneurism of Musician Fin's had become, so to speak, identified with the medical history of the Post, having been examined and discussed by many successive surgeons; an examination post mortem was therefore a matter of particular importance in a professional point of view, that justified the overruling of the solemnous objections that were made by the relatives of the deceased, by considerations equally cogent. The highly interesting and instructive preparation now forwarded to the Museum causes the difficulty of procuring it to be lost sight of.

As the examination of the specimen for the purpose of preparing the present paper was neither so minute nor so critical as that to which it will doubtless be eventually subjected, a brief notice seems to be all that is required in the present connection.

The heart itself is enlarged chiefly by dilation of its cavities, of rather soft and flabby consistence, and of an unusually pale livid gray color. The pulmonary arteries are not involved. The aneurismal dilation commences at the root of the aorta, just beyond

the semilunar valves. These latter appear normal: but close by them there is a calcareous deposit in the walls of the artery. It is not improbable that this ossification may have been the starting point of the morbid process by interference with the smooth working of the valves. The aneurismal sac is of immense extent, occupying the whole of the ascending and transverse aorta and the innominate artery, completely obliterating the latter, running up the right carotid for some distance. This distance was not precisely ascertained; when the parts were removed, there was no suspicion that the carotid was involved, and it was accordingly severed too low; but owing to absence during life of any pulsating tumor in the neck, doubtless the dilation extended up the carotid but a very little further than the specimen shows. The right carotid was enlarged to the size of the aorta itself, the left carotid was slightly affected, and in an interesting manner the sac stopped abruptly at the roots of both right and left subclavian. Beyond the origin of the left subclavian, the aorta is to all appearances normal. The top of the aneurism is about on a level with the top of the sternum; the heart had been pushed downwards noticeably below its normal position. In general contour the sac is cylindrical, and its capacity is estimated at rather more than a quart.

Much of the cavity is occupied by the large fibrinous mass that will be found with the specimen. This shows very clearly the peculiar laminated structure mentioned by authors, resembling the successive envelopes of an onion-bulb. There is

another, smaller, similar secretion, and several lesser flakes and shreds of fibrinous deposit occured in various places.

The relations of the aneurism to the sternum in front, and to the trachea behind, are of special interest, as already intimated. The breast-bone has been completely perforated with a smooth-edged circular opening, allowing the tumor during life to protrude and pulsate visibly. Near by are two smaller indentations, where the bone has been partially drilled through. (The fracture of the sternum that the specimen unfortunately shows, was an accident of its removal under trying circumstances; as was also, it may here be added, the unnecessarily large and irregular opening made at the summit of the sac).

At the point of greatest pressure behind, the trachea is extensively ulcerated, the cartilaginous hoops being cleanly dissected out, and strikingly suggestive of the pieces of whale bone seen in a worn out corset. The morbid process in the thickened and indurated tissue about the trachea has proceeded to sphacelus; and here was the source of the offensive muco-purulent secretion before mentioned. The point of rupture of the aneurism, as already explained is just opposite, a little above the bifurcation of the bronchi. Here will be found two openings; a small irregular orifice through which a silk ligature has been passed; and a clean slit about three lines long. It is improbable that both these openings existed originally, and if they did not, it is uncertain which one of them was inadvertently made in seeking for the rupture. This point however can probably be determined by minute examination; to which, also, determination of the precise

nature of the morbid process that the arterial walls sustained, is relegated.

Contributed by Asst. Surg. Elliott Cowes
Ft. McHenry, Md.

No. 1120. C.2.S.1.B.3. 8569

Heart, on the surface of which is a considerable deposit of adipose tissue; the walls of the right ventricle very thin; muscular tissue probably in a state of commencing fatty degeneration.

"Private Joseph Brechtlizer, co. B, 18th. Infantry, came on sick report for the first time at this Post, on the morning of October 1st. 1871. He had arrived with his company on the 9th. of the previous month. He came up to the hospital with the other sick in quarters a little before sick call, and the steward, seeing that he looked quite ill, had him lie on a bed; and soon after, the nurse observing a notable change in the man, came for me. I reached there in a few minutes and found the man already dead.

"A post mortem examination showed all the organs sound except the heart, which was not at all enlarged; the valves were normal; the heart walls, especially on the right side, were overlaid with fat and apparently characterized by fatty degeneration; the right ventricular wall was extremely thin, and at two of the thinnest places in the section, the layer of fat extended quite through the wall, so that at those places no muscular tissue could be discerned; section of the muscle showed a pale even a yellow-

ish color as of fatty degeneration.

"I learned upon enquiry that this man had had at various times for a considerable period, numerous attacks of great oppression and great pain in his breast about his heart; 'spells', the men called them. He had been on a fatigue party the day before his death, and had not complained at all."

Contributed by Asst. Surgeon Jno. H. Barkley
Columbia, S. C.

No. 1121. C.2.S.I.D.26. 8570

Heart showing thickening and insufficiency of the aortic valves.

Jno. G. Leonard, Artificer, "D", 18th. Infantry, age 25, was admitted to hospital March 13th. 1871. Diagnosis - dropsy from organic disease of the heart. He had had a cough for four months; his health generally had not been good for a few months, but he was not so sick at any time as to oblige him to quit his work, viz.: carpentering. He was of rather robust frame, in good flesh, but pale and slightly sallow of complexion. From what I can learn he has not been a hard or steady drinker, but drinks a little; has the character of a good soldier and good artificer. He was a Southern man; but living in the South, he was in the Rebel army during the war; but now for two years had been in the regular army.

He had had remotely a slight attack of ague. His age though given at 25, was 30 to 33. Had not had rheumatism. He kept his bed but a part of each day; sputum was scanty, white, tenacious and frothy; his feet were

swollen, and had been, he stated, for five days; the heart sounds were muffled and indistinct at the apex; there was a double blowing murmur at the base, with and following the first sound; the urine showed a very small amount of albumen. March 15th., he arose twice in the night to make water, the first occasion for so doing. 23rd., general condition not improved; the dropsy in the lower extremities had extended above the ankles and also affected the penis. He had also abdominal dropsy, the fluid reaching to within two inches of the umbilicus, while in a standing posture; the liver was enlarged and tender on pressure; there was dyspnoea on his ascending stairs. 28th., dropsy gradually increasing; pulse 110 and small (as in the sitting posture); temperature 96.6° in axilla, 98.2° in mouth; a rough, almost rasping murmur was heard from the base to near the apex of the heart, almost immediately following the first sound; most distinct at the base, not heard at all up the vessels; the normal second sound was not heard at all, the abnormal sound replacing it; he measured 34 inches around the body at the umbilicus, in a standing posture; 30th., there was a murmur at the second left interspace extending towards the right as far as the middle of the sternum, where it was sharper and harsher, growing much fainter above and below the line indicated; it was impossible to state precisely the relation it bore to the normal sounds of the heart as to time, they were so faint and the heart's action so frequent. Pulse 112;

he was growing paler and more sallow; amount of urine only 12 to 18 ounces daily; specific gravity 1022 to 1026; albumen not increased; he vomited occasionally after eating.

From this time onward his symptoms grew more and more severe; there was loss of sleep and strength from restlessness; discomfort and dyspnoea; dropsy especially of the legs and abdomen, increased, as did also the dyspnoea to the time of his death May 15th. The face and trunks became dropsical at three weeks before that event; the largest abdominal measurement was 37½ inches. The urine remained scanty and unchanged in character; no casts were found. During the last month of life, the area of cardiac dullness was much greater than normal. In the latter part of April, the impulse of the apex was at an inch and a half to the left of the nipple and a half inch below it; at that time the normal sounds were not audible, but were replaced by a double bruit de scie; first a short saw sound, then an excessively short interval, then a longer sawing murmur distinct and loud. This second murmur was with the diastole of the heart and was propagated downwards towards the apex. Diagnosis - aortic obstruction and regurgitation.

May 3rd, each leg was punctured in four places with the lancet and a great deal of fluid drained away during the following week, with however but little relief to his feelings. About this time, he was delirious three nights; pulse 115 to 120. Chloral, chlorodyne and diuretics had been used. A week before death, peritonitis came on, with agonizing abdominal pain. Opiates alleviated his sufferings.

Autopsy 13 hours after death: the face, body and limbs were anasarcous and extensively ecchymosed from passive congestion during the last hours of life. The peritoneum contained six quarts of serum, partly estimated and partly measured, and some shreds of fresh lymph, a few floating freely, the most of them adherent to the intestinal convolutions and in about a dozen places, principally in the pelvis; the peritoneal vessels were scarcely injected; intestines much distended with gas. The liver was very dark colored and passively congested; rather friable; under the microscope showed a little fatty degeneration; weight 70 ounces; spleen firm, weighed 9 ounces, was adherent to diaphragm by lymph which appeared to be one or two weeks old; the kidneys were apparently healthy; bladder nearly empty.

The lungs were healthy except that they were oedematous; right pleura contains 32 ounces of serum and a few flakes of lymph; one pound old pleuritic adhesion; 14 oz. serum in left pleura; many old adhesions. Pericardium contained 13 ounces of serum (measured); the right side of the heart was immensely distended with black fluid blood and a cream colored clot from the apex to the valves and entangled in the chordae tendinae; in the left side were a few fibrinous lumps or swellings as of deposits, of the size of pearl barley on the margins of the mitral valves. The aortic valves were very much thickened and contracted, rigid and unyielding, rendering them both obstructive and insufficient; the orifice is rigid and patent to such a degree as to almost admit the little finger; on the right side there was a slight thickening of the edges of the bicuspid valves by old fibrinous deposit; pulmonary valves sound; the heart, weighed with its contained blood 1¼

pounds, emptied of blood, just one pound.
Contributed by Asst. Surg. Jno. H. Barkhoff,
Chester, S.C.

No. 1122 6.2.5.2.C.M. 4571

Heart with portion of ascending aorta attached; just above the aortic valves and immediately adjoining the orifice of the anterior coronary artery is a small irregular ulceration, which has perforated into the pericardium.

Thomas W. Scharf, Private, D", 16th. Infantry, detailed on extra duty as attendant at Post hospital. His health was good until some time in June 1871. While on inspection and review, the battalion marched at a steady, temperate many double quick for 200 to 300 yards. On his return to the hospital he was greatly exhausted and complained of vertigo, dimness of vision, dyspnoea and praecordial oppression. In half an hour these symptoms subsided; but from this time to the date of his death, exercise always produced a return of the last-named symptom. In the latter parts of June and July he had a few mild paroxysms of intermittent fever. On both occasions they readily yielded to the ordinary treatment; yet I attribute much of his ill health for the last six weeks of his life to malarial influence.

From the time he was taken ill in June to the time of his death, I made repeated physical explorations of his chest with a view of ascertaining the condition of his heart and large blood vessels. Synchronous with the first sound of the heart I found an indis-

tinct murmur; it was not constant but invariably returned after exercise or mental emotion, and generally accompanied with praecordial oppression; its area of greater intensity was a little in front and below the left nipple, corresponding very nearly with the area of cardiac impulse, which was in the sixth intercostal space, an inch below and to the left of its normal position; it was indistinguishable over the posterior regions of the thorax, and could not be heard above the fourth rib in front.

The superficial and deep cardiac areas were both enlarged, especially the former, which more nearly resembled a parallelogram than a triangle. The cardiac impulse was weak and ill-defined; it could only be clearly distinguished in the vertical position when the body was leaning forwards, or in the recumbent when lying on the left side. The pulse at the radial artery was feeble and irregular, probably in consequence of the weakness of the cardiac contractions, the blood wave subsiding before reaching a point so remote from the centre of the circulation: In the sitting posture, from 85 to 90 cardiac impulses per minute could be distinguished by placing the hand over the region of the heart; but not to exceed 65 to 70 of these could be felt at the wrist.

The capillary circulation was weak and defective; the paleness produced by pressing the blood from the capillaries with the finger, continued much longer than the normal period. Dyspnoea occurred only after exercise, but praecordial oppression was a

frequent cause of complaint; cough was not a prominent symptom; and he was almost free from nausea and vomiting excepting during the paroxysms of intermittent fever. The skin was gendrally pale, although after exercise the face would flush and sometimes become livid.

On the 29th. of July he had a paroxysm of intermittent fever; it only lasted for an hour or so, but returned on the following day; and after subsidence of the fever, he took a scruple of quinine in five powders. On the 31st. the fever did not return. On the morning of the first of August he said he felt much better, and asked to be returned to his duty; but as he was pale and seemed feeble, his request was declined; he was directed to rest during the day, with the promise that if he continued to improve, he might resume his labors on the following morning.

About 2 O'Clock P.M. an attendant visited his room; he was lying on his bed awake; he arose, spoke cheerfully, saying that he had eaten a good dinner and felt quite well. In a few minutes the attendant left the room, and had hardly passed beyond the threshold when he heard a peculiar noise, returned and found the patient lying on the bed, convulsively in a convulsion. In less than five minutes life was extinct. The surface and especially the face were livid from venous congestion, and his breathing during the last few moments of his life, was said to have been stertorous.

Autopsy 20 hours after death; rigor mortis well-marked; the posterior portions of the body were livid from hypostatic congestion; body spare, but not emaciated; the lividity observed immediately after death had

wholly disappeared from the face and anterior surface of the body. The pericardium was distended with a large blood clot from which the serum had separated; heart hypertrophied, weighed nearly 13 ounces; its cavities somewhat dilated; around the upper portions of the ventricles was a fatty deposit nearly an inch in width and thickest near the auriculo-ventricular junction; muscular tissue soft and flabby, pale and friable; in the wall of the left auricle were two dark-colored spots, one on its anterior surface and the other at the apex of the auricular appendix, and in the latter was an irregular opening with ragged margins large enough to admit the introduction of the finger; through this the blood had escaped into the pericardium. The lungs, pleurae and abdominal viscera seemed normal.

The dura mater was normal, but between the visceral layers of the arachnoid and the pia mater was an extensive effusion of blood, enveloping a large portion of the superior and lateral surfaces of both hemispheres of the cerebrum. There was no hemorrhagic nor serous effusion into any of the ventricles or into the substance of the brain; nor did the cerebral substance seem more vascular than natural. The writer particularly invites attention to this cerebral hemorrhage, as a similar condition occurred in the only other autopsy made by him, where death resulted from hemorrhage into the pericardium. Reference is made to the case of the late Captain Francis McCabe, 1st. New Mexico Volunteers, who died at Albuquerque, N.M. in 1866. of rupture of an aneurism of the ascending aorta, which

opened into the pericardium, filling the sac with blood. In this case there was also an extensive hemorrhagic effusion between the arachnoid and pia mater, involving both hemispheres of the cerebrum. It is a question of interest to decide what relation the cardiac and aneurismal ruptures held to the cerebral hemorrhage.

Microscopical examination showed that the muscular tissue of the heart was in a state of fatty degeneration, the degree of which differed in different specimens taken from different portions of the left ventricular wall. A morsel taken from the superior portion showed abundant fat globules imbedded between the muscular fibrilla, the sarcolemma perfect and the mucous elements atrophied. Another from a point one and a half inches below the auriculo-ventricular junction showed very few oil globules, the transverse striæ hardly distinguishable and the sarcous elements in a great measure replaced by granular fat. A third specimen an inch above the heart's apex showed few signs of degeneration.

Note. The extensive opening of the ulcer appearing immediately alongside of the left auricle, is probably the opening described in Dr. Weed's account of the case.

Contributed by Surgeon Jas. F. Weeds.
Nashville, Tenn.

Nos. 1123 C.S.S.I.A.16. 8572 — Right kidney, the greater portion of which is represented by a thin cyst with walls from 1/12 to 3/10 of an inch in thickness. A second smaller cyst communicates with the pelvis of the kidney and ureter. The anterior face of the larger cyst is adherent to the colon and small intestines, and a communication is stated to have been established by ulceration between the larger cyst and the intestine; but this is not represented in the portion of the cyst as received at the Museum. See Microscopical

1124 C.S.S.I.D.4. 8573 — Left kidney from same patient with numerous cheesy deposits. In this kidney was found See Microscopical Specimens 5713 to 5720

1125 C.S.S.I.F.1. 8574 — A singular ring-formed calculus of ~~oxa~~ triple phosphates and some uric acid ~~late of lime~~. Weight 1.28 grains.

James King, Private, age 28, "F", 6th. United States Cavalry, Irish, occupation - coachmaker, had been in the army about two months; was brought to hospital after Surgeon's call August 29th. 1871, suffering from severe pain in the right anterior lumbar region, constant and of a colicky nature. A half drachm of chloroform was given, and a sinapism applied over the region of the pain; half a grain of sulphate of morphine was given, as the chloroform was rejected, and he was immediately relieved, slept several hours, and on awaking stated that the pain had disappeared. After a few days he was so much better that he was returned to duty. September 5th., readmitted, complained anew of severe pain in the same region as before but more diffused over the abdomen; on examination discovered only a rigid condition of the abdominal muscles. He stated that during the preceding day, he was engaged in lifting bags of grain. The pain came on during

the night, preventing sleep. Pulse full, regular, about 60; he stated that he had vomited large quantities of bilious matter during the night and morning. Countenance slightly pale. A sinapism was applied to the right lumbar region for thirty minutes; castor oil and laudanum were given; quiet ordered and a low diet. His bowels were obstinately constipated, but were moved on the 7th. after the administration of croton oil and turpentine enemata; after which his condition somewhat improved. The improvement was however but temporary; constipation continued, only relieved by decided purgatives medecine; pain and uneasiness in abdomen were complained of; vomiting set in on the 17th. and next day diffused pain over the abdomen, with pinched anxious countenance and small, frequent pulse (100). From this time his condition became gradually more serious; the vomiting continued from time to time; the bowels were irregular, though purgative medecine was no longer indicated. On the 2nd. of October, a considerable quantity of clotted and decomposed blood was vomited and passed with the excreta, and for several days subsequently, after which the patient grew rapidly worse; appetite failed; mind wandered and death took place October 6th.

The case was originally supposed to be one of intussusception of the bowels; and besides the use of decided purgatives, such as croton oil, kneading of the bowels was resorted to two occasions.

Autopsy 14 hours after death: rigor mortis well-marked; emaciation of body extreme; extensive old fibrous adhesions of pleura pulmonalis and costalis of right side with

some effusion; right lung apparently healthy; In the upper portion of left lung were circumscribed tubercular deposits; no pleuritic adhesions on left side; heart small and fatty with about one fluid ounce of serum in the pericardium; omentum highly congested, nearly black in color; on lifting the omentum, the small intestines presented a uniform dark color, were much thickened and inflamed; ascending colon inflamed, its calibre reduced by constriction and thickening of the muscular coat of the organ and a large portion of it was adherent to a morbid mass of disorganized tissue, situated in the posterior portion of the right lumbar region, which upon further examination proved to be the remains of the kidney of that side; the stomach presented evidences of congestion and small patches of apparent ulceration of the mucous coat; liver very much enlarged (?) and pushed upwards encroaching upon the thoracic cavity to the level of the right nipple; weight 52 ounces; (?) gall-bladder contained about two fluid ounces of viscid ropy bile; left kidney weighed 8 ounces [See Microscopical Section Nos.]; on being laid open from the back, there was found in the cavity of the organ, a ring-shaped calculus; the right kidney was reduced to a mere sac, containing from 16 to 20 fluid ounces of dark grumous purulent matter, freely mixed with coagulated blood; besides the adhesions of this cyst to the colon, a portion of the jejunum was also attached to it, and ulceration had established a communication between the cavity of the

abscess and the intestines.
Contributed by Surgeon B. J. D. Irwin,
Fort Riley, Kansas.

No. 1126. U.S.I.E.16. 4575

Heart, in which the whole anterior surface of both ventricles is firmly adherent to the pericardium, which is thickened (in many places to the eighth of an inch) and is the seat of a calcareous deposit, by which it has been converted into a layer of almost bony firmness. Both auricles are very greatly dilated; the auriculo-ventricular valves are insufficient; the aortic and pulmonary valves normal. See Microscopical Section, Nos. 6299 to 6301.

The following account of the case is taken from the Transactions of the Ohio State Medical Society, 1872, pages 14 and 15:

"A case of heart covered with a shield of bone". . . . . Mr. A., aged 28, came into the hospital of the Ohio Penitentiary, February, 1871. At the time of his admittance he stated that he had been for the past eight or nine years under treatment for "liver complaint."

"On examination, we found the lower margin of the liver on the right side five inches below the ribs. From all the symptoms present, his case seemed to be one of fatty degeneration of the liver. On further examination some months subsequently, we found he had tuberculous deposits in the left lung. At this time dropsy of the abdomen and oedema of the lower extremities supervened. He was temporarily relieved from time to time of this dropsical trouble by the use of the usual remedies, but the effusion continued to return, and he died from exhaustion March, 1872.

"Dr. Clark, superintendent, made the post mortem. The liver was nearly twice its normal size, and was a well-marked specimen of fatty degeneration of that organ. There was, also, large masses of tuberculous deposits at different points in the liver, which, I think, were deposited subsequent to the fatty disease. The other viscera of the abdomen were quite healthy.

"In the left lung was found great quantities of tubercular deposits — a large abscess with adhesions to the pleura. The muscular system was well developed and of good color.

"On continuing our examination, we found this heart, covered with a bony shield, as you see. The bone covering the anterior and part of the posterior surface of the heart measures transversely, four and a half inches; vertically, five and a half inches, extending over the apex; and over the posterior surface, one and three-fourths inches; and at many points the shield is one-eighth of an inch in thickness, and very firm. On the line opposite where the two ventricles are attached, the bone is quite thin, both anteriorly and posteriorly.

"From an examination of the sawed edges of the bony shield, I think the formation was congenital, and not a transformation of the pericardium. On the right side, the pleura is healthy, with no diseased attachments; on the left side, we found disease extending from the left lung, which contained much tubercular matter with abscess. The cavities of the heart were larger than normal; the valves healthy and sounds natural but feeble, impulse slight, action regular but slow, circulation good in both extremities. He had great difficulty in breathing after the lung became affected, but not before.

"Remarks were made on the case by Drs. W. W.

July and J. T. Whittaker. In answer to Dr. Bartholow, Dr. Kay stated that a specimen of the bony case had been subjected to microscopical examination and found to be true bone.

Contributed by Dr. Norman Kay,
Columbus, Ohio.

No. 1127. C.4.S.2.C.18. 8576

Pyloric end of stomach with cancerous thickening immediately about the pylorus; externally the stomach cancer is continuous with large cancerous masses in the great omentum.

Called in June, 1871, to visit Mrs. N..., aged 41 years, of 14th. St., Buffalo, who had been complaining for four months of vomiting, indigestion, loss of appetite, constipation and flatulence. Patient emaciated, pulse weak, face of a peculiar parchment hue and bearing a constant expression of pain; vomiting incessant; several hard lumps felt over abdomen, varying from the size of a walnut to a goose egg. Said her father died at the age of 50 years, from cancer of the brain and parotid glands. Prescribed laxative doses of powdered rhubarb, pepsine and bicarbonate of soda, and recommended that a tablespoonful of strong beef tea be taken every hour instead of eating regular meals (which were invariably rejected). Patient improved for a few days, but upon informing the family that the case was one of cancer of the pylorus, other medical attendance was obtained.

I lost sight of the patient until summoned in August, at the request of her friends, to make a post mortem examination, only one hour before the funeral.

Autopsy 16 hours after death: emaciation extreme; the abdomen only opened; the whole of the omentum, the pyloric portion of the stomach, and a portion of the small intestine, were found studded with cancerous deposits, in some places partaking of a scirrhous character, in others being of an encephaloid type. Presented characteristic cancer cells under the microscope.

Contributed by Surgeon C. C. Alden, U.S.A.
Ft. Porter, Buffalo, N.Y.

NB. History prepared & specimen contributed by Hosp. Stw. Jno. S. Perkins.

No. 1128. C.3.S.1.H.1. 8577

Calcified larynx.

Thomas Price, age 40, member of Metropolitan Police. About a year before his death he had an attack of acute laryngitis, from which he recovered, subject however to relapses on exposure. November 8, 1872, at night, he was suddenly attacked with dyspnoea attended with much suffering, relieved however by the inhalation of ether. At 9 O'Clock, another spasm came on, and he died in two minutes. He had always discharged his official duties, subject to occasional interruptions only from attacks of laryngitis.

Contributed by Dr. Johnson Eliot,
Washington, D.C.

No. 1129 C.4.S.5.C.10. 8578

Portion of right lobe of liver presenting a large abscess cavity.

The patient, Julia, colored, a servant woman, was taken, about the first of August, with fever, some nausea, loss of appetite, with headache and attendant constipation. The usual treatment for ordinary bilious derangement was adopted, with some relief in a

few of the symptoms, but followed by neuralgic pains in the right thoracic region, and some symptoms of intermittent fever. These neuralgic pains were only partially relieved by anodyne and stimulating embrocations, at the same time they appeared through the lower extremities.

Sometimes chilliness of the extremities would occur. To relieve the pain about the pectoral and intercostal muscles, a blister was applied. With the use of quinine and febrile mixtures, convalescence took place in a week or ten days. Then a relapse occurred in consequence of a change of temperature with wind in the night, and sleeping so as to be exposed to a draft. Renewed neuralgic pains set in with increased fever. Respiration also soon became more labored. Percussion was dull and flat over the whole of the right thorax; auscultation revealed not only no respiratory murmur, but scarcely a sound of any kind. There was no vague bronchial nor tubular respiration at the back. Tongue clean and moist. Abdomen a little swollen and somewhat tender; bowels sometimes quite loose; discharges light-colored or yellow. Sometimes considerable thirst, but tongue clean and moist. Appetite generally pretty good. Quinine, calomel and morphine in small doses; blisters to side (thorax) and other remedies as they were indicated, were used; towards the last, sustaining treatment, very thoroughly. No amendment whatever occurred in the right lung. Evidently there was effusion. I called in D. J. Kaeuslen, who also veiwed it as a case of commonly-termed bilious pleurisy. Having a case of obstetrics to attend to, I requested Dr. Kaeuslen to invite Dr. Koff to see the patient, and proposed, if they thought well of it to tap the chest. On my return I found they had concluded that the operation would probably prove

futile, as the patient seemed to be failing fast. I renewed the blister, continued sustaining treatment, relying largely on quinine and carbonate of ammonia. Stomach much distended before this with flatus, was promptly relieved by enemata of ice water. She lived a few days longer, gradually failing in vital power, though her muscular strength was remarkable almost to the last. Mind clear throughout; until a few hours before dissolution, a little wandering. After the first few days of the attack, there was no nausea nor vomiting throughout her sickness, and little or no tenderness of abdomen at various times. Death took place September 1st. [1871] at 5 A. M., a short while after having rolled herself over on her left side, in which position respiration was greatly impeded, and she was gently turned on her back. In a few minutes she ceased to breathe.

Autopsy 6 hours after death: Right pleura thickened, inflamed, and pleural cavity completely filled with fluid; a few adhesions formed between the lung and parietes; the lung compressed in a solid mass, presenting a carnified appearance, losing those physical characteristics dependant on the presence of air in the pulmonary vesicles. The liver was enlarged, extending from the third rib to below the umbilicus, and very far over to the left side. At the fourth rib, an hepatic abscess had formed in the right lobe, and adhesion over a circumscribed space occupied by the abscess, the dimensions of which were about 4 by 6 inches. About a quart of purulent matter was evacuated, presenting the same characteristics as ordinary pus, except that it contained bile.

The other organs examined were

found normal.

Contributed by Surgeon L.A. Edwards,
Medical Director, San Antonio, Texas.

No. 1130. C.5.S.5.C.17 8579

Left half of uterus and its appendages; the left ovary is enlarged into an oval nodulated mass 2½ inches in long diameter, and has undergone calcareous degeneration, giving the tumor the hardness of bone. The opposite ovary was small and presented a few delicate peritoneal adhesions.

Bridget Kately (Irish) aged 40, died on the 18th. of November 1871, from congestion of brain, the result of blows inflicted by her husband in a drunken quarrel a week previously.

Post mortem examination 40 hours after death, showed a lacerated wound in right side of nose and ecchymosis of right orbit. Upon further inspection there was found a longitudinal fracture of the nasal bone near its junction with the superior maxillary.

The deceased was a very anemic woman, in destitute circumstances, given to dissipation, and lived in a cabin unprotected from the vicissitudes of the weather. Nothing could be learned as to her symptoms during life, other than that she complained at times of pain in the hypogastric and right iliac regions. This was confirmed upon inspection of the abdomen, which showed evidence of frequent use of external applications.

Contributed by Dr. J. F. Hartigan,
Washington, D.C.

No. 1131. C.4.S.3.A.12. 8580

Portion of ileum, presenting a conical diverticulum about 1½ inches long and an inch in diameter at the base. Specimen had been inflated and dried; two typhoid ulcers can be seen by transmitted light.

From the upper half of the last thirty inches of the ileum, in a case of typhoid fever.

Contributed by Asst. Surg. J. A. Fitzgerald
Camp Supply, D. T. Ind.

No. 1132. C.8. No.33. 8581

Monstrous female foetus at term; posteriorly the cranium is double; lower jaw is single; organs of sense of the two faces, represented by rudiments; a tubercle the size of a finger tip represents the right arm; there is an umbilical hernia.

Mrs. —, mother of two well-formed children, after five years interval gave birth to twins; duration of labor 14 hours. A well-formed foetus of about 7 months was first born, and lived about ten minutes; three hours afterwards the monster was delivered. There was but one placenta.

Contributed by Dr. G. W. Brooks,
Washington, D.C.

No. 1133. C.4.S.3.N.19. 8582

Taenia 8 feet 1 inch in length.

Passed by Private Wm. M. Daly, B, 20th. United States January 15. 1872, at the Post Hospital, Fort Ransom, D.T., after the exhibition of the customary anthelmintics.

Contributed by Asst. Surg. J. H. T. King, Ft. Ransom, D.T.

No. 1134. C.4.S.2.C.19. 8583

Portion of stomach near pylorus, connected with transverse colon by a cancerous growth.

M. H. Marsland, age 56, a soldier in the war with Mexico, Major of Volunteers in the recent war, late clerk in Department. Had had dyspepsia for several years; in the latter part, had much vomiting of coffee ground fluid, and became much emaciated. Died February 27. 1872.

Autopsy 5 days after death: body on ice; lungs healthy; heart not examined; stomach showed thickening [scirrhous?] of the pylorus; the remainder of the organ apparently healthy, but full of dark vomitus; strong adhesions around pylorus; liver healthy; spleen reduced to a small shreddy mass; intestines disorganized.

Contributed by Dr. J. F. Lothoron,
Washington, D.C.

Nos. Microscopical Series, Nos. 7257 5 and 7257 6.

No. 1135 C.4.S.3.N.20. 8584

Taenia

The pieces were passed from a child, at intervals about four months apart, the last being passed when the child was aged thirty (30) months. At each time, the evacuation was caused by medicine, given as follows: a half ounce of turpentine with the same amount of castor oil on an empty stomach, followed by castor oil in twelve hours; this not bringing away the parasite, pumpkin seed was used, a tablespoonful of the kernel, mashed up in molasses. This was given on an empty stomach in the evening five days after the failure of the turpentine. The next morning, a dose of castor oil was given, which was followed within five hours by the expulsion of the worm. The child has now been more than a year free from all symptoms of worms.

Contributed by Surgeon Joseph R. Smith,
Detroit, Michigan.

No. 1136. C.4.S.4.F.B. 8585

Upper portion of a medullary cancer, of great size, from the abdominal cavity. As received at the Museum, the tumor was irregularly oval, about 14 inches in length, and 10 inches in breadth. The greater part of the tumor was occupied by a large cyst, the lower portion of which had smooth fibrous walls, while irregular medullary masses projected into the interior of the cyst from the cancerous mass which constituted the upper portion of the tumor. The spleen is firmly attached by its concave surface to the apex of the growth, but does not appear to be involved in the disease.

James Edmonson came to the United States twenty two years ago, from Scotland. At that time he was a very healthy man and followed the employment of machinist at Bridesburg, Pa., which place is located on the Delaware river, and bounded on the northwest by the Facony creek, a tortuous stream; with extensive marsh surrounding the town, which in former years gave rise to malaria more malignantly than lately, in consequence of more improvement and a large chemical establishment located close by. Here Mr. E— in the year 1857 contracted intermittent fever, which continued a whole year with such pertinacity that he was compelled to abandon his employment and return to his native country with the hope of being benefited by the change.

The disease continued during the voy-

age and for a whole year in Scotland, during which time a variety of treatment and medical advice were employed with but little relief. He became weak, emaciated and melancholic, and was also much afflicted with boils on different parts of the body. In the Fall of 1858, he returned to this country, came to the same locality and resumed his former employment. After a time he improved, but had periodical attacks of chills with occasional pains in the hypochondriac regions, particularly the left. About the year 1862 I was called upon as physician of the family, when I had opportunities of being acquainted with his condition, although he was rather averse to medicine from his long suffering and disappointments. In looking over my books, I find since the date above mentioned, he had abscesses, bilious attacks, intermittent fever, diarrhoea, dyspepsia, and lastly, well defined splenic trouble. He seldom suffered much pain; being rather phlegmatic and of temperate habits, by treatment he was much relieved; and since my attendance his chills gave him but little trouble; his appetite was however very poor and changeable.

In 1870 his spleen began to give him trouble, but as yet not so much as to alarm him or urge him to submit to a physical examination until April 1871, when he was scarcely able to continue his employment. On making examination, the left side was fuller than the right, and on percussion the enlarged spleen [?] could be well-defined and its boundaries traced high up into the hypochondrium, both anteriorly and posteriorly; likewise to the centre of the epigastrium and below the umbilicus. My diagnosis was: a hopelessly diseased spleen; which was confirmed by clinical teachers

of the University of Pennsylvania. Nevertheless, treatment was carefully instituted, with a view of retarding if possible the morbid process. Accordingly blisters were applied, in due time followed with the local application of iodine; tonics with iron and cod liver oil were steadily used with as much animal nourishment as could be taken. These means had only partial effect, as the abdomen began to enlarge, with effusion into the lower extremities. In the months of October, 1871, he ceased to work, unable longer to use exertion. The abdominal steadily increased with a decrease of vital power; his difficulty of breathing increased, from the capacity of the thorax being diminished by the pressure upon the diaphragm. At this time (about three months since) he was induced in my absence to have an attempt made to evacuate the fluid; this failed, the orifice being blocked up after a small portion of fluid had been withdrawn, which was of a dark chocolate color; this continued to pass away for some time, and evidently being cystic, the fluid found way into the peritoneal cavity, which rendered him worse after the operation. The wound healed, and the effusion increased; nevertheless, his pain was not severe; his mind was calm, knowing that his fate was inevitable. Died June 5th. 1872.

Autopsy 24 hours after death: abdomen was much enlarged, the cutis much softer than usual; the linea alba was punctured to facilitate the operation, when about 5 gallons of dark colored fluid was withdrawn; crucial incisions were made and the entire viscera exposed, after separating the numerous strong ad-

lesions; a morbid mass was found attached to the concave surface of the spleen; the whole hypochondrium, as high as the diaphragm could be pushed up, was filled with the nodulated mass; while a cyst in which the fluid was contained, was distended to such size as to contain perhaps more than the above mentioned quantity; the tumor was closely attached to the stomach, peritoneum, transverse meso-colon, diaphragm, and other parts rendering the extraction a work of much time and trouble; the stomach was pale and very soft; the liver small and hard, of a livid color. The other abdominal organs were not minutely examined, nor was the thorax opened, as there were never any marked symptoms of morbid action referible to them.

Contributed by Act. Asst. Surgeon Robert Burns, Frankford Arsenal, Philadelphia.

No. 1137. C.2.S.1.D27. 5586

Semi-lunar valves, and portion of ascending aorta; the aorta atheromatous with calcareous plates. The left ventricle was hypertrophied; left auricle dilated; right side of heart nearly normal.

Private James Harvin, "D", 10 cts. United States, died August 13. 1871, aged 37 years. He had never had rheumatism but had been a hard drinker for many years. One year previous to his death, a systolic murmur was heard along the course of the aorta. This murmur when first noticed, could only be heard by careful auscultation. The patient himself was not aware that he suffered from heart disease, but presented himself for treatment for haemoptysis. This was the first time any notice of the patient was taken, and any abnormal sound of the heart

detected, and from this time till his decease he was constantly under observation. Each time the patient was examined with a stethoscope, the murmur became more audible, and for three months previous to his death, the systolic murmur could be heard without placing the ear to the chest, and was also recognizable by the patient. In placing the hand over the praecordial region, such a vibrating thrill was imparted to it as to satisfy of the existence of heart disease. One month previous to his death, a diastolic murmur was heard. This murmur could be distinctly heard, but not as intense as that accompanying the first sound. During the time the patient was under observation, he suffered on three occasions from severe haemoptysis; also, from dyspnoea. Towards the close of his life, he could undergo no fatigue whatever. The day on which he died, he was writing in the Adjutant's office until 2 P.M., and did not complain of being ill, but walked to town and drank about 4 ounces of whiskey. He returned to camp about 3 P.M. the same day, and seemed well at the time. He sat down outside the company quarters under a shade at 3.15 P.M., and was found sitting there in an insensible state. The symptoms he presented at this time were deep stertorous breathing and great engorgement of the venous system. The veins of the neck were swollen to an extreme degree, the face swollen and of a dark purple color. He was insensible to external impressions and at the same time was asphyxiated. The heart's action, at first violent, became weak and irregular, and he died without a struggle or convulsion. He was ill only 1½ hours.

Autopsy 3 hours after death: made only

with a view to discover what obstruction there existed to the circulation of the blood at the left side of the heart, consequently the chest was the only part examined; heart weighed exactly 10 ounces; the increase of bulk was most noticeable on the left side, particularly the left ventricle; the lungs were gorged with blood and studded here and there with miliary tubercle.

Contributed by Act. Asst. Surg. Wm. B. Van Deusen,
Austin, Texas.

Nos. 1138. C.4.5.2.C20. 8587 Pyloric portion of stomach, showing an oval carcinomatous thickening immediately adjoining pyloric orifice; it is about three inches in long diameter, a half inch in thickness, ulcerated, and presents an adherent slough in its centre.

1139. C.4.5.F15. 8588 Portion of right lobe of liver presenting two carcinomatous nodules.

Was called to see Webster M. Adams May 12. 1872, suffering from disease of the stomach and liver. Previous history:-was employed as special policeman at the White House, Washington, D.C. for three years; had complained of dyspepsia with constipation for two years or more. In November 1871, he was attacked with pain in the region of the stomach and right side, followed with loss of appetite and increased constipation. These symptoms continued to increase until May 2. 1872, when he was obliged to leave his office and confine himself to his room. On the 12th. of May I was called to see him; found him suffering with intense pain in the stomach and right side, great restlessness and general debility; pulse 130. I immediately applied

counter-irritants over the stomach and liver; administered an anodyne and directed a tonic course of treatment. The next day I found the patient very much relieved; pulse 100; slept two to five hours during the night; appetite better. He continued to improve for several days, occasionally walking around his room and going out in the yard; bowels still remained constipated. Directed alteratives in small doses with the elixir of columbo. About the 10th. of June he complained of pain in the bowels, difficult micturition, accompanied with diarrhoea and flatulence. Dr. Lincoln was called in consultation; thought nothing could be done but alleviate the disease. The patient continued to decline until the 24th. of ~~June~~ when he died.

Autopsy by Dr. Wolhaupter assisted by Drs. French and Baines, on the following day: besides the cancer of stomach and cancerous nodules in liver, tubercle-like nodules were numerous in spleen and kidneys; some of the mesenteric glands were also cancerous; the liver was attached by strong adhesions to the walls of the chest, diaphragm and stomach.

Contributed by Dr. D.P. Wolhaupter,
Washington, D.C.

No. 1140. C.5.5.5.E45. 8589 Foetus - 5 months.

Mrs. M-h-, age about 30, married, mother of one (living) child; had had some five miscarriages. This last one was attended with hemorrhage more or less profuse, and much pain and loss of sleep for about two weeks previously to the discharge of the foetus. She recovered promptly.

Contributed by Dr. D. S. Lamb,
Washington, D.C.

Nos. Taenia - length 6 feet.
1141
C.4.5.3.N.21.
1142 Taenia - length 12 feet.
C.4.5.3.N.22.
8590 Procured by means of decoction of pumpkin
in seeds, followed by castor oil. No. 1141 consists
8591 of one worm from Private George Williams, and
No. 1142, of three worms voided together from
Artificer Jerome Kessler, Light Battery "B", 4th.
Artillery. In both cases the men had been infested for a number of years, according to their accounts. Williams was relieved of a parasite about 18 months ago by the same means. Kessler had been continuously affected for a long period and had taken various remedies without relief.

Contributed by Apt. Surg. Elliott Bowles,
Ft. McHenry, Md.

No. Portion of taenia ; the part on which is
1143 the head, suspended by a thread.
C.4.5.3.N.23. From Mr. F. Longklein, Washington, D.C. Said
8592 to have been passed about two hours after
taking the specific remedy of the
Contributor, Dr. Henry Wilson,
Washington, D.C.

No. Foetus - 5 months.
1144. Margaret A. McG—, age 28, white. August 23.
C.5.5.5.E.46. 1872, about 11.30 P.M., called to see her. She was
8593 suffering with severe uterine pains and hemorrhage. In a few moments she miscarried.

She had had five children; four are living and one is dead. I was called to see her about five weeks previously on account of uterine pains and hemorrhage, which had followed a fright. I arrested these symptoms by the use of opium and acetate of lead. She had frequent recurrency these symptoms from the first attack to the date of miscarriage. I nearly always relieved her by the use of laudanum and the elixir of vitriol, and enjoining the recumbent posture. She received a severe fright on the night of the 22nd., which brought on such pains that neither opium, morphia nor rest would check them. She made a happy convalescence.

Contributed by Dr. H. L. Magruder,
Washington, D.C.

No. Aborted ovum containing a rudimentary
1145. foetus about the eighth of an inch long.
C.5.5.5.E.47. Mrs. Anna Rodgers, age 45, mother of seven
8594 children, all well. She always enjoyed good health. Supposed that she was three months advanced in pregnancy. Miscarriage was caused by lifting.

Contributed by Dr. J. W. Van Arnum,
Washington, D.C.

No. 1146. C.5.5.E48. 8595

Aborted ovum, supposed to be about the second months; no trace of the foetus is found in the cyst.

September 22. 1872 I was called to see Mrs. H—, who was suffering with periodical pain in the pelvic region. She was a healthy appearing woman, aged about 26 years, and mother of one child. Menstruation had been regular until the last two months when she had missed the regular period. At this time had uterine hemorrhage which has been continuing for two weeks, not profusely but more than normal for the catamenia. Pain commenced two days since and gradually increased in severity. An examination per vaginam discovered the os uteri dilated sufficiently to admit one finger and the membranes protruding like a bladder.

Powder of ergot 20 grains, was ordered to be given every four hours, and directions left that I should be sent for in case the pains or hemorrhage increased.

Sept. 23., found condition much the same. Pains seem to be more neuralgic than puerperal. Introduced the index finger at the side of the bag of membranes and attempted to remove the product of conception entire, but failed however in this; the amnion separating from the chorion and coming away entire; without being ruptured or loosing its contents, having portions of the tufts of the chorion attached. On holding the sac up to the light, it was quite transparent, and no trace of the ovum could be discovered. Another effort was then made to remove the portion of the after birth that had been left but caused so much pain that I was obliged to desist. Ergot was continued in the hope of spontaneous expulsion.

Sept. 24. Another effort was made to remove the placental mass, by which a portion, perhaps one-half was removed; but the attempt could not be persisted in on account of pain and faintness. The ergot was continued to stimulate uterine contraction. Hemorrhage had ceased.

Sept. 25, Womb contracted so that no attempt to take away the adherent portion of placenta is practicable. Lochia abundant and offensive. Pain of a heavy dragging character felt in the back and lower pelvis. From this time until October 3rd., when I ceased my attendance, the patient suffered the usual symptoms of sub-involution; the placenta being either washed away in the discharge or absorbed, or perhaps something of both. At that date (Oct. 3), she was still far from well, the womb not yet having regained its normal size.

Contributed by Dr. D. H. Prentiss,
Washington, D.C.

No. 1147. C.4.5.1.D.1. 8596

Oesophagus, presenting a medullary cancer situated just below the level of the larynx; and lower down several medullary lymphatic glands.

J. R. Tierney, Frenchman by birth, age 47; height 5 feet 9 inches; weight about 150 lbs.; a house and ornamental painter; consulted me in my office in May 1872, for what he termed a cold, with a hoarseness and oppression on his chest. Appetite poor and rest at night broken and disturbed by cough. Also complained of pain in the joints which he termed rheumatic; and attributed all his suffering to working in the cellar of his paint shop, which was damp. Had always enjoyed good health; although his body was well nourished, his skin was rather

pale, considering his pursuit and physical development.

Some years previously had been addicted to drinking, but did not consider himself an habitual drinker, much less a drunkard. Examination of chest revealed some dulness in both lungs particularly over the left, which however inflated very well; and under forced inspiration both lungs could be well distended without pain or exciting cough. Inspection of throat revealed no cause of the hoarseness or rather suppressed voice. The character of the expectoration, and the exploration of the lungs, left no doubt of the existence of tubercles, although I discovered no cavities; the expectoration showed that some of the tubercles were in a state of softening.

I looked upon the case at the time as one of phthisis and told the patient so. His skin was soft and relaxed, but he complained of a constant sense of great prostration. He had no hectic fever nor night sweats; his pulse was 78 and his breathing somewhat labored and 18 to the minute. He was directed to take cod liver oil three times a day. An irritating lint was ordered to be rubbed thoroughly over the whole chest daily. A soothing cough mixture was also prescribed, to be taken often enough to allay the cough; general directions as to diet, dress and exercise were also given.

In about a week the patient again called at my office and declared himself much relieved and improved in all respects. From May until the 17th. of September, when I was requested to see him at his own house by his brother and his wife, I had neither seen nor heard of the progress of the case. On visiting him I learned that he had been treated during the summer by a physician in whom his brother

had great confidence, but instead of improvement there had been a very decided loss of strength and aggravation of the disease with some new and alarming features. Indeed his case now presented a most unfavorable array of symptoms. His breathing was labored, his voice almost suppressed and only able to make himself understood by great physical effort to speak, his voice never rising above an ordinary whisper. Emaciation of the body was very marked and his strength so wasted as to be scarcely able to walk about his room. His mode of accounting for his feebleness was from his inability to swallow any solid food. This condition had manifested itself about five weeks before and was not present when he had previously consulted me, and was daily growing worse. An inspection of the throat revealed nothing to account for the hoarseness or in any way to explain the difficulty of swallowing. The emaciation which had gone on about the neck brought into view the outline of the thyroid glands, both of which were slightly prominent; the right one I think somewhat enlarged but neither were the least tender on pressure or sensitive on handling. He was also suffering constant and great pain in the right arm from the shoulder to the wrist. There was no swelling nor discoloration nor change, nor want of sensation on being touched; a soreness to cool air was complained of. The pulse in this arm corresponded perfectly with that in the other. The pain was so severe as to give him no rest and prohibited sleep. To satisfy myself of the difficulty of swallowing and to estimate the extent of the inability, I had him chew and swallow in my presence several mouthfuls of an

apple which lay upon the table before us. The effort of swallowing so far as the act of deglutition was concerned was promptly enough performed, but he immediately pointed to a position a little below the head of the sternum, where he said the apple was lodged. After swallowing the second mouthful a noticeable enlargement took place in the left side of the trachea, and in about a minute the apple was returned with a gurgling sound, and all spit out accompanied by a frothy mucus. This experiment I had him repeat on several occasions with the same result. On placing the hand on the pouching oesophagus after attempting to swallow, a gurgling sound would be produced and the mass of food then returned and spit up. He could however swallow liquids in small mouthfuls pretty well, and I understood it was through them alone that he was nourished. By flexing the head to the right shoulder, a deep, hard, firmly adherent substance could be felt behind the sternal end of the right clavicle and extended up along the trachea and downward into the chest, but which gave him no pain upon handling. The difficulty of swallowing, extreme as it was, was not so alarming a symptom as the difficulty of breathing, the act of inspiration and expiration, both being obstructed and causing him to labor to that end and constantly to assume a position that would straighten or throw back the head and the cervical portion of the spine, which to some extent would relieve the pressure on the trachea. Fortunately the cough was no longer troublesome.

There was no mistaking the evidence that a tumor of some kind or an abnormal growth believed to be malignant in its character, was rapidly developing, which threatened an unfavorable termination of his case. With the increased difficulty in breathing and swallowing, the pain in the arm slightly subsided, but the arm became paralyzed so that all his endeavors to move it or the fingers failed. No swelling occured in the arm or hand; the temperature and sensation were normal. This condition of the arm was supposed to be connected in some way with the probable involvement of the cervical plexus of nerves in the tumor. He was able to lie on an ordinary pillow and under the influence of an opiate enjoy a reasonable amount of sleep. Five days before his death, he was awakened out of a sleep in the night with a most aggravated sense of immediate suffocation, which however after a few minutes, subsided and for the next day this breathing continued much as it had been previously. This spasmodic difficulty of breathing occured the following day and was more protracted but finally passed off. The paralysis of the arm was now nearly complete, but some power to close the hand on any object placed in it, remained.

At this stage of the case, Dr. J. C. Hall saw the case with me, and while examining him, the patient had a slight paroxysm of dyspnoea, provoked possibly by the fatigue caused by our explorations of the chest, throat and neck. Dr. Hall readily verified the diagnosis of some abnormal growth and from the symptoms of difficult breathing thought that tracheotomy might be required to give relief and prolong life, and fully concurred in the unfavorable prognosis of the case. Believing that an emergency might arise when the interference of the Surgeon alone could prolong life, Dr. J. Ford Thompson was invited to see the case with me, which he did the following day. Dr. Thompson's views, after a careful examin-

ation, coincided with those of Dr. Hall and my own. He felt quite confident that the paralysis of the arm was due to the pressure on the cervical plexus of nerves, and that the difficulty of breathing and dyspnoea, were produced & aggravated by the involvement and pressure of the tumor upon the pneumogastric nerve. Appreciating the gravity and almost hopelessness of the case and the possibility of the necessity of tracheotomy, it was now determined to pass a tube down the oesophagus and learn something more of the character of the obstruction in it if we could. Another meeting was arranged for the following day but unfortunately our patient died suddenly that evening in a paroxysm of dyspnoea.

Autopsy by Asst. Path. Surg. D. T. Lamb September 30. 1892 at 3 P.M. Some rigor mortis in upper extremities.

Larynx, trachea and thyroid gland normal; veins of neck contained much fluid blood; at the superior margin of the sternum the trachea and oesophagus were pushed apart and much compressed by an oval medullary tumor about three inches long, which was situated to the right of the oesophagus and involved the lower deep cervical glands; a large portion of this tumor had undergone the cheesy metamorphosis.

The mucous membrane of the oesophagus presented several quite prominent thickenings and two ulcers in the upper two-thirds of its thoracic portion; one ulcer was a quarter of an inch in diameter and penetrated into the tumor above mentioned; the other which was lower down, was an inch and a half long and an inch broad; these thickenings had narrowed the tube so much, that in places the diameter was but about a quarter of an inch. The lower third of the oesophagus was normal. The lymphatic glands along this portion of the tube

were much enlarged and softened; they contained much pigment deposit.

The bronchial glands were also blackened with pigment.

The heart was normal, the arch of the aorta slightly atheromatous.

Left lung very firmly adherent by old adhesions to the walls of the chest; its substance was darkly congested and contained about a dozen soft puruloid masses, varying in diameter from a quarter of an inch to an inch. Right lung contained a few similar masses of small size and greater consistency; lung otherwise normal.

Stomach contained some partly digested food of the consistency of gruel; the mucous surface was studded with what appeared to be minute ulcers, from one line to three lines in diameter; near the cardiac orifice was a reddened space, an inch square, corresponding to enlarged and degenerated lymphatic glands on the peritoneal aspect.

Intestines, spleen and kidneys appeared normal.

Liver somewhat congested; left lobe enlarged, and contained several masses, three of which were near its thin edge, and each about half an inch in diameter; two were in its thickened portion, each over an inch in diameter; these masses consisted of a puruloid matter. The right lobe contained two or three foci similar to those in the left, but smaller. Gall-bladder full of greenish-yellow bile.

Microscopical examination by Asst. Surg. J. J. Woodward. The juice obtained by scraping from the foci in the liver and lungs,

as well as from the enlarged lymphatic glands, and those parts of the principal tumor on the oesophagus, which had not become cheesy, consisted of large, irregular, granular cells, with large oval nuclei and one or two shining nucleoli. Many of the cells contained two nuclei; many were partly converted into granule masses. In the cheesy portions of the principal tumor, the cells had broken down into a granular debris, in which the more or less shrivelled and granular nuclei still persisted. The microscopical characters taken in connection with the appearances of the several morbid growths sufficiently indicate that the case was one of medullary cancer. Portions have however been laid aside for the preparation of thin sections for further microscopical examination.

Contributed by Dr. J. M. Foner,
Washington, D.C.

No. 1148. C.4.S.3.E.65. 8597

Portion of ileum very much thickened and with ulceration of Peyer's patches.

Private Bernard Shutte, "F", 16th. Infantry, died September 2.1872, of typho-malarial fever.

Autopsy: heart normal; pericardium contained about an ounce of clear serum; lower lobe of right lung in first stage of inflammation, that of engorgement. Liver congested, somewhat enlarged, but otherwise normal. Gall-bladder nearly empty. Stomach distended with gas, structure normal. Spleen much enlarged and friable; length 9½ inches, breadth 5½ inches, thickness 2 inches; weight 25 ounces. Lower portion of small bowel extremely congested, and of a dusky purple hue. About four feet of the

bowel were removed and examined; it was inflamed throughout its entire extent, but the inflammation was of greater intensity in the lower portion. Peyer's glands were all extremely inflamed. Kidneys normal. Bladder did not contain any urine. Left testicle very much swollen. He had had gonorrhoea.

Contributed by Surgeon James T. Weeds,
Ash Barracks, Nashville, Tenn.

Nos. 1149. C.4.S.5.C.11. 8598 and 1150. C.4.S.3.I.13.

Portion of right lobe of liver, right kidney and a portion of ascending colon and duodenum attached. At the edge of the portion of liver is an abscess cavity, which communicates with the lumen of the colon and of the duodenum. Mucous membrane of the caecum and ascending colon is thickened and presents follicular ulcers with pseudo-membranous sloughing. No Spontaneous

8599

Sergeant Peter Low, "B", 14th. Infantry, en route from Fort Laramie, W. T., on sick leave, was brought here September 23.1872, in a critical condition and immediately placed in hospital. The most prominent symptom in this case was a chronic diarrhoea, which, added to extraordinary emaciation, slight icterus, and a history of alcoholism, pointed strongly to some hepatic difficulty. Physical examination showed great hypertrophy of the liver and the colon markedly defined throughout its whole extent; however, without tenderness on pressure. The other viscera were apparently normal; an occasional pain was referred to the left hypochondrium, due proba-

ably to gastric irritability; otherwise the patient complained of no pain. He died October 1.

Autopsy; extreme emaciation; thoracic viscera normal, except a uniform atrophy of all the organs; added to the great hypertrophy of the liver, which for the subject, was strongly marked, there was found an abscess in the right lobe; the gland was adherent to the intestine and right kidney, into the former of which the abscess had discharged apparently by two openings; the first into the duodenum about four inches from the pylorus; the other into the ascending colon nearly the same distance from the caput coli. The small intestines were apparently healthy, but the colon, a specimen of which accompanies the liver showed marks of ulceration throughout. The brain and cord were not examined.

History and autopsy by Act. Asst. Surg. Geo. V. R. Hoff.
Contributed by Surgeon Charles Page
F. D. A. Russell, U. S.

See Microscopical Section, Nos. 7301 to 7305.

No. 1151. C.5.5.5.E49. 8600

Foetus between 2 and 3 months.

Mrs. Armstrong, age 34, had five miscarriages in four years, and afterwards gave birth to five live-born children. Youngest child 19 months old. Menstruated August 15, 1872. December 1., attacked with slight hemorrhage from vagina and occasional pains. On the 15th., early in the morning had labor pains and alarmingly profuse hemorrhage. The foetus with a clot soon passed. Hemorrhage continued very profuse and she became cold, lips purple; pulse almost imperceptible.

Contributed by Dr. J. W. Van Arnum,
Washington, D.C.

No. 1152. C.4.5.3.E22. 8601

Portion of ileum, near ileo-coecal valve, with perforating ulcer.

Private William McClee, "E", 3rd. Cavalry, age 22. This soldier reported at sick call October 22. 1872, suffering from headache and loss of appetite. Alteratives and tonics were prescribed, and he was treated in quarters until the morning of the 28th., when he was admitted into the Post hospital. On examination indicia of entero-mesenteric fever are manifest. Features of that malady present themselves as follows: conjunctivae bright; pupils dilated; cheeks suffused with a hectic flush; gloomy, depressed countenance; headache; epistaxis at intervals; tongue coated in centre with thick, white fur, tip and edges shining red; papillae (fungiform) prominent; complete anorexia; rigor; pyrexia, and morbid thirst; abdomen resonant on percussion; colicky pains; tenderness on pressure in right iliac fossa; gurgling also detected in same region; bowels very loose; pulse accelerated; skin pungently hot.

The most careful nursing at once adopted. His entire body to be sponged over and washed with soap and warm water daily; linen and bedding to be changed every day; soiled clothing removed, and clean articles supplied as often as required; ventilation carefully regulated; atmosphere of room maintained at a temperature of 65° F. To have a little beef tea every two hours, and milk punch (brandy) every three hours; nothing else allowed except a liberal supply of drinking water. Turpentine stupes over hypogastrium, and to restrain the diarrhoea. R. acetate of lead two grains, laudanum 15 minims, water one ounce; to take as a draught every three hours. October 29., great prostration; dorsal decubitus; intense heat of head; protrudes his

trembling tongue with great difficulty; occasionally moans; febrile pulse. Annoyed with a bronchitic cough; auscultation reveals sibilant and sonorous ronchi over both sides of thorax; diarrhoea increasing; evacuations liquid containing a quantity of altered blood. The severity of symptoms and their rapid invasion clearly demonstrate a most malignant type of dothinenteritis. The utmost attention given; no hygienic measure neglected that could prove of any avail. Beef tea ten ounces exhibited every half hour, and brandy every three hours. Flaxseed poultice applied over abdomen, alternated with turpentine stupes and mustard plasters. ℞. acetate of lead 2½ grains, laudanum 15 minims, water one ounce, as draught after every liquid stool. Sulphate of quinine 5 grains three times daily.

October 30, morning. Active delirium in the night; disposed to leave his bed; pulse quick and irregular; surface of body very hot; nostrils blocked with dried blood; mouth and teeth crusted with dark sordes; tongue brown and fissured; respiration sighing and spasmodic; great disturbance of the nervous centres; general capillary sluggishness of surface of body; integument dusky; profuse diarrhoea. Supporting diet and treatment continued, with opiates and astringents.

October 31. Appearance of patient changed for the worse. A rapid destructive metamorphosis going on in all the tissues (autophagism); excessive; ataxic phenomena observable; partial deafness; intellect cloudy; respiration hastened; first sound of heart quite extinct; coughs a good deal, expectorating quantities of tough sanguineous mucus. Abdominal pain and hectic fever increasing; diarrhoea more persistent; alvine dejections composed almost entirely of blood; during the day and night had several involuntary pas-

sages per anum. A few small slightly elevated, rose-colored spots, about twenty in number, visible on the thorax and abdomen, scattered promiscuously; they are very clearly defined and disappear completely on pressure. They look exactly like red pimples (exanthemiae) but are not at all hard. The utmost vigilance exercised; scrupulous cleanliness of body and clothing insisted on: in fact from the first the same daily routine of hygienic attentions were performed and therefore do not need recapitulation in extenso. The excreta always immediately removed and disinfectants employed ad libitum. To counteract the excessive hemorrhage from the bowels, acetate of lead in solution repeated. Astringent enemata also administered. Teeth and gums washed with an aqueous solution of chlorate of potash every two or three hours. Beef tea (Liebig's extraction carnis) 6 drachms every half hour; milk punch (brandy) 4 drachms every 4 hours. Fragments of ice placed on tongue occasionally and lemonade given to drink. ℞ chlorate of potash 5 grains every two hours. 6.30 P.M. temperature 104° F; pulse 94; respiration 26.

November 1, all the symptoms aggravated; passed urine involuntarily during night. Patient lies apathetic and motionless upon his back. 7 A.M., temperature 101.6° F; pulse 84; respiration 23. Diarrhoea of same character as yesterday; remains unchecked; ileo-coecal gurgling audible at a distance of one foot from his bed; considerable meteorism; knees drawn up towards abdomen; emaciation very great. The roseola spots very numerous in pectoral, dorsal and femoral regions. The exposed cutis about sacrum and trochanters erythematous from pressure. Spontaneous black ecchymoses on various parts of body, not subject to much pressure; namely

over lateral aspect of lower es[illegible] the malleoli. The same medication persevered with; also to have oil of turpentine 12 minims in emulsion every three hours; beef tea and brandy at short intervals; derivatives over hypogastrium and a flannel bandage placed around it. 6.30 P.M., temperature 104.4°F.; pulse 120; respiration 27.

November 2, morning. No amelioration; the disease running a tumultuous course; grave cephalic phenomena; sleeplessness; prostration complete; subsultus tendinum; picking at the bedclothes; and other signs of bad augury; incipient sphacelation over sacrum; incontinence of urine and involuntary defecation (melaena); papillary rose eruption very abundant. 7 A.M., temperature 104.8°F.; pulse 99; respiration 15. Swelling of the abdomen; tympanites increasing. Sedatives prescribed for abdominal complications; catheter introduced and one pint of urine drawn off. The same general management adhered to regarding diet, medecine, and external applications as previously recorded. 6.30 P.M., temperature 102.4°F.; pulse 101; respiration 19.

November 3d. A.M. In a most critical condition; patient fearfully distressed from distension of the bowels; abdominal parietes puffed up tense and sensitive to the slightest touch; hiccough; paralysis of the bladder; speech unintelligible; movements of limbs automatic; an increase in the severity of all the previous symptoms. 7 A.M., temperature 103.4°F.; pulse 114; respiration 17. Bladder emptied regularly by means of a catheter; a long tube with side openings passed into the colon and an assafoetida enema afterwards given; neither of which afforded any relief. Opiates with stimulants, and the same mild nourishing diet prescribed with blisters over stomach, and a flannel bandage. 6.30 P.M., temperature 104°F.; pulse 115; respiration 23. 10 P.M., agony of death approaching; everything done to make death easy.

November 4., 7 A.M. Temperature 98.6°F.; pulse 113; respiration 16. Perforation of intestine diagnosed from the fall of temperature. 9 A.M., collapse perfect; in the article of death. 12.40 P.M., died.

Autopsy 4 hours after death: extreme emaciation; no rigor mortis; hypostatic congestion in dependent parts of body.

Head not examined.

Both lungs engorged; bronchi injected. Heart relaxed, its muscular tissue pale; contained several soft, yellowish, pseudo-polypi in right cavity.

About one quart of dark-brownish fluid in peritoneal cavity; visceral layer of peritoneum very much inflamed and of a bright red color everywhere; mesenteric and meso-colic glands very much tumefied, some being as large as a walnut, and when cut into, contained pus. The intestinal canal was intensely inflamed and congested throughout; the villi swollen, distinct and prominent; a dirty dark gelatinous substance was found closely adherent to the mucous membrane its whole extent. Ileum very vascular; the solitary and agminated glands swollen and prominent; those in the lower three feet of this portion of intestine ulcerated; whole patches excavated into ragged oval ulcers, some being three-fourths of an inch in diameter with prominent everted fungoid edges implicating the ileo-cecal valve. Several of these ulcers extend down to the peritoneum, giving it the appearance of a greenish mottled agate at these points. One perforation, making an aperture one-sixth of an inch in diameter into the peritoneal cavity, was discovered near the ileo-cecal valve. The solitary glands of coecum, ascending and transverse colon are also extensively ulcerated. Spleen enlarged, of a dark violet color; capsule tense. Liver and kidneys normal.

Contributed by Asst. Surg. J. H. T. King,
Ft. McPherson, Neb.

No. 1153. C.I.S.I.D.12. 8602

Cyst about one-half inch in diameter on ~~the lower~~ orbital surface of the left ~~anterior~~ frontal lobe of brain, about half an inch ~~to the outside of~~ external to the olfactory bulb. *

Annie O. Bingle, kerman, age 67, ~~died January 14th. 1873.~~ She ~~was~~ had been a cook for a number of years; generally ~~enjoyed~~ good, ~~health~~; was very exemplary, always rising in the morning before 6 O'clock to attend church. ~~Two or three~~ a few days before death, she complained of headache, but having become better, no physician was sent for. Saturday night she retired in her usual health, but having failed to prepare breakfast next morning, one of the inmates going to her rooms, found her insensible, but breathing regularly. An attempt was made to arouse her but without avail. She continued to sink and died ~~three~~ a few hours afterwards.

Her health had been generally good

Autopsy 30 hours after death: entire surface of the body very pallid except some suggillations around back of neck. Organs of chest and abdomen healthy. The surface of the brain was somewhat moderately congested; on the anterior lobe of left side, lodging about the middle of fossa there was found a cyst about three fourths of an inch in diameter. No other pathological condition found existed; A certificate of death from congestion of the brain was furnished, this condition being probably induced by exhaustion from overwork in her advanced age.

The statement was made by her friends that she frequently complained of difficulty in micturition.

The cyst after being several hours in alcohol, was opened and a * thin watery fluid escaped, ~~containing~~ and small white specks. ~~Asst. Surgeon~~ Dr. E. M. Schaeffer examined the fluid microscopically and reported "a quantity of 'amyloid bodies' and a small amount of altered epithelium. No cholesterine nor other crystals were seen."

Contributed by Dr. J. J. Kartejan,
Washington, D.C.

No. 1154. C.S.S.I.B.11. 8603

Large smooth kidneys. Brights disease.

Private Patrick Collins, "G", 1st. Infantry, age 44. A soldier who had served in the Crimean war and in the East Indies; had been in the habit of drinking spirits for years; was a large, powerful built man, but presented an anemic aspect, and was taken upon the sick report at Fort Porter, N.Y., August 31. 1870, complaining of swollen legs. Assistant Surgeon J. E. Semple, Post Surgeon, submitted his urine to an examination and diagnosed "Brights disease of the kidneys". To take acetate of potash 15 grains three times daily; his legs to be bandaged during the day. This treatment was continued, with occasional doses of calomel and jalap, until September 13, when Dr. Semple prescribed 5 grain doses of the citrate of iron and quinine three times daily. The anasarca had now wholly disappeared; the patients appetite was excellent and he presented the general appearance of fair health. His urine was still slightly albuminous. He continued taking the iron and quinine until September 20th., when upon his own application Dr. Semple reluctantly gave his consent to his being restored to duty with his company. September 28., has been for the last week on the

usual debauch, frequent among soldiers after pay-days; and presented himself to Dr. Semple, in a condition bordering on mania-a-potu; his lower extremities were swollen and his urine loaded with albumen and hyaloid casts. One drachm of fluid extract of valerian three times daily was prescribed and continued until October 3, when the nervous excitement following the debauch was abated, and the patient was again put upon the daily use of iron and quinine. October 5, the patient showed symptoms of bronchitis, and complained of rheumatic pains in the joints. R. iodide of potassium 5 grains; the iron and quinine to be continued. October 7, symptoms of bronchitis and anasarca increased. R. calomel 1/4 grain three times a day. October 9, anasarca increased; patient constipated; urine very scanty and loaded with albumen. R. calomel 5 grains, powdered jalap 12 grains and simple syrup one ounce, at bedtime. October 10, urine still very scanty. R. cream of tartar one ounce, boiling water two pints, to be used as a drink. October 12, patient complains of severe pain over left renal region; slight symptoms of uraemia. R. extract of cannabis indica 1/2 grain three times daily; tannic acid 2 grains three times daily after eating. October 13, general anasarca. Treatment continued; dry cups over left renal region. October 17, symptoms of broncho-pneumonia and uraemic poisoning. R. apply dry cups over chest; tannic acid continued; port wine and beef tea in sufficient quantity. October 18, died at 5.30 P.M.

Autopsy 12 hours after death: anasarca of the whole body. Head not opened.

Both lungs were hepatized and adherent to the thoracic parietes; thorax contained about a quart of serum. Heart presented a normal appearance.

Abdominal cavity filled with serum. The intestines distended with gas. The liver was enlarged and fatty. The spleen was apparently enlarged. The kidneys were enlarged, weighing 10 1/2 ounces each. The left kidney contained near its inferior portion a cyst about 1 1/2 inches in diameter and 1/2 inch in depth. On section the kidneys presented a well-marked waxy appearance; the cortical substance was of a yellowish color, and under the capsule the kidneys presented a somewhat mottled appearance.

The above history was prepared by Hospital Steward John L. Perkins.

Contributed by Surgeon C. H. Alden,
Fort Porter, Buffalo, N.Y.

No. 1155. Heart of child foetus at 8 days old, full term with open foramen ovale.

C.2.S.I.A.4.

8604

Summoned to see Mrs. C—, whom I found suffering from a rather sharp attack of puerperal peritonitis, following childbirth. After prescribing for her, my attention was called to the infant, which I found to be a blue-baby. It refused to nurse, had occasional convulsions and its flesh was of a blue hue; respiration short, high and imperfect. Mother had fallen in a cistern six weeks previous to labor. Infant lived eight days.

Autopsy. Atelectasis of the greater portion of the inferior lobes of both lungs; the superior and middle lobes could be but imperfectly expanded; posterior lobes solid to the touch, sank in water, failed to crepitate under the finger, and when cut, appeared perfectly smooth. Foramen ovale open.

History prepared and specimen contributed by Hospital Steward John L. Perkins.

Contributed by Surgeon C. H. Alden,
Fort Porter, Buffalo, N.Y.

No. 1156. C.I.S.2.A.6. 8605

cerebellum. From a case of cerebro-spinal meningitis.

John Johnson, Recruit, negro, General mounted U.S.A. Service, age 24, a well-made, clean, smooth-skinned negro, was seized with a chill on the evening of January 8. 1873 until he had been entirely well and on duty up to the time of the occurrence of the chill. He reported at sick call the following morning, complaining of headache, and pain in his neck and back. epistaxis. and stated that his nose had been bleeding. He was placed in hospital and was seen in the forenoon by Bvt. Mjr. Surg. Lightburne, A.S. who was temporarily on duty, who directed save grains, of quinine to be given and twice repeated; he died. The nurse reported that during this day, he vomited some after drinking water. January 10th, his case did not attract particular attention, and five grains of quinine was ordered three times in the day. Evening - he continued to complain of pain in the back of his neck, was restless and talked delirium a good deal to himself. It was observed that his head was thrown back. January 11th his condition had not materially altered, but his abdomen was much distended; and he was very uneasy; a very large quantity of urine was drawn off removed twice by a catheter and calomel 10 grains ordered, to be followed in a few hours by sulphate of magnesia 2 drachms. In the evening his urine was again drawn off.

January 12th. Surgeon Clements attending Dr. saw him for the first time. His pulse was 84; respiration rather hurried; the tongue dry, but not coated; the pupils natural; the skin cool; He was lying upon Lay his right side; with his head thrown back; his legs doubled up flexed upon his thighs, and his thighs upon the pelvis, and he grasped with one hand tightly closed the strap of his knapsack, which hung at the head of his bedstead. There was twitching of the flexor tendons of the wrist; delirium continued the movements of his hands were incessant and tumultuous, and he talked continually in a low and hasty tone. His hearing was good, though his answers to questions were hasty and nearly incoherent. Of spinal disease. There was decided pain on pressure over the cervical and lumbar vertebrae and over the lumbar pro-

cesses, but not marked over the dorsal region. On gently pinching the skin of his thigh he would cry out. There was some abnormal internal strabismus of the right eye. He complained very much when his position was changed, and maintained bed his neck and head in a stiffly rigid position. When left undisturbed, he resumed his former position, above described, and continued his hurried talking. His bowels had not been disturbed by the remedies administered, and a large quantity of urine was drawn removed off with the catheter. One drop of croton oil was given, and warm fomentations applied to the hypogastrium. Beef tea. The opinion was expressed that he had cerebro-spinal meningitis. Evening - he very restless; pulse 116 and weak; skin cool, and no abnormal heat of head. The backward bending of his head opisthotonos was more marked; abdomen tympanitic. He complained greatly when his position was changed in order to pass the catheter, which was done. 20 drops of vinegar of opium were administered.

January 13th, 10 A.M.; he has been rather more quiet during the night; his bowels have not moved, nor has he passed his urine. His position is unchanged and he continues to talk constantly. He will answer questions humidly but not coherently, and he maintains his hold upon the strap, which seems to serve in keeping his shoulders unmoved. He complains much pain on evidently that any movement or bending of his spine caused much distress. His urine was drawn off catheterism. without altering his position; an injection of castor oil and turpentine ordered; and to drop Save minims of tincture of iron every two hours. Evening - no marked change; bowels have not moved; eyelids open were widely open, but the pupils unresponsive to light seem unaffected, and his eyebrows are elevated. 20 drops of vinegar of opium given and an ounce of Save brandy ordered every hour.

January 14th. The retraction of his head is opisthotonos more marked; his eyelids widely open; he is very restless, his hands pulling incessantly at the strap, whilst his body seems nearly motionless. The

hyperaesthesia of the skin continues, and he constantly cries out when touched "not to hurt him". His pulse is not to be counted, and is feeble and exceedingly quick; his forehead and face are perspiring, and he seems as if he had just been suffering an exacerbation of pain. His tongue is dry, but not coated and there is no collection of sordes on his teeth, and has not been. Brandy one ounce every two hours, and beef tea and tincture of the muriate of iron have been continued, until date.

January 15th, pulse 140, weak and scarcely perceptible; respiration 70 per minute, with rattling in the air passages; he is bathed in perspiration and his head is still more thrown back, and the spine generally curved backwards; the eyelids are widely opened, and the pupils are dilated. He maintains the formerly described position of his body and holds on with both hands to a towel tied to the head of his bedstead, and talks incessantly, though in a weaker tone of voice. The hyperaesthesia of the surface is much less marked; he has passed his urine, without assistance and his bowels have moved, naturally. The Brandy and iron wine continued. Evening, pulse 140; respiration 40 per minute. He talks less and seems more quiet. The retraction of his head and spine remain as this morning, but his thumbs are flexed within the palms. His urine is slightly alkaline; and the albumen has wholly disappeared from it. Ordered vinegar of opium 20 drops. He has always seemed to become more quiet under the influence of the opium.

January 16th, 9 A.M., he is pulseless and the surface of the body generally cold; the opisthotonos is more marked than ever before and his head is thrown back to its utmost extent. His eyelids are widely opened and his pupils much dilated; passed his urine involuntarily. He talks incessantly, maintains his hold upon the towel, and is evidently greatly exhausted. He died without convulsion or struggle at 11 A.M., and without the occurrence of any form of paralysis; being the 8th. day of the disease.

Autopsy 3 hours after death: the weather was intensely cold, and the body was in an open tent without fire, and in consequence only the brain was examined; assisted by Actg Hpt. Surgeon Reiss.

The osseous sinuses were not unusually congested, and the posterior sinuses of the dura mater were only distended posteriorly; the internal membranes of the brain were everywhere free from any morbid deposits or indications of disease. The substance of the brain on section did not present even the usual amount of red punctation, and the ventricles contained in all about 6 fluid drachms of colorless fluid; in the posterior cornu of the lateral ventricles of each side, there was an elongated shred of fibrino-purulent material unattached to any point, and nearly floating in the fluid of the ventricle. The lining membranes of the ventricles were not marked by congested. Exudation matter of the same fibrino-purulent character was also found in the fourth ventricle in rather larger quantities than in the lateral ventricles.

On examining the base of the brain, the anterior surface of the medulla oblongata was found covered with a rather thick layer of fibrino-pus, which extended down the anterior and lateral parts of the cord, as far as it was removed from the canal; and this covering extended upwards over the medulla, and completely covered the visible surface of the pons Varolii, extending over the trunks of the nerves to the distance of from three to four lines. There were no signs whatever of any morbid change in the substance of the medulla or the pons. The cord was examined as far down as the third cervical vertebra.

Remarks. The most noticeable symptoms in this case and probably the most important in a diagnostic point of view, may be summarized as follows:

The peculiar position of the head and body resembling opisthotonos; the muscular stiffness of the neck and body increased by movements; the cutaneous hyperaesthesia; the loss of power over the bladder, regained in part shortly before death; the constipation and tympanites; and negatively the absence of paralysis. These symptoms, manifestly dependent on the condition of the cord, were the most prominent; whilst the purely cerebral symptoms were the delirium, and perhaps the slight strabismus and opened eyelids. From a consideration of the preponderance of the spinal symptoms, the case was recorded in the register as "spinal meningitis", but if it be best to designate the disease by its anatomical characteristics, it may be necessary to call it "cerebro-spinal meningitis"; though the absence of any indications of general inflammation of the brain will not escape notice. The absence of eruption, of sordes, foul tongue and abnormal heat of surface seem to indicate that the disease cannot be considered of the "epidemic" character.

The specimen was forwarded, immersed in a solution of alum, nitrate of potash and carbolic acid.

Contributed by Surgeon B. A. Clements,
Cavalry Depot, St. Louis, Mo.

No. 1157. C.4.5.4.H.1. 8606

Tumor from the abdominal cavity of trout. On microscopical examination, no definite structure was made out; sections appeared to be composed of granular masses and débris, such as are found in cheesy tubercle. See Microscopical Section Nos. 6216 & 6217.

The fish belonged to the species of trout common in the streams of the neighborhood of the Fort, resembling as regards dentition, form and markings the "salmo trutta" of Yarrel. He was about 2 pounds in weight; was apparently in fine condition and was taken with the artificial fly.

Contributed by Asst. Surgeon Henry McElderry,
Fort Klamath, Oregon.

No. 1158. C.4.5.3.T.132. 8607

Portion of descending colon in which the mucous membrane has been destroyed to a great extent by sinuous ulcers; many of the solitary follicles are ulcerated.

Henry Fisher, Private, Troop "B", 5th. Cavalry, age 31, and by occupation before enlistment a mason was admitted in the Post hospital on June 21. 1872. He was a man of tall proportions, 6 feet 10 inches in height, with well-developed muscular limbs and great powers of endurance. Though not addicted to habitual intoxication, he still was a steady hard drinker and a proportionately small eater. For several weeks previous to his coming to the Post surgeon for treatment, he had been working very hard under the hot Arizona sun, building adobe houses, and had suffered all this time from an exhausting diarrhoea. Furthermore for fear of being placed on sick report and thereby losing his extra duty pay, he had neglected to come to the hospital for advice, and had allowed his symptoms to continue unchecked, becoming in consequence weaker and worse, until the postponement of the work of building the quarters gave him an opportunity to come up for treatment. On admission his condition was as follows: general debility, loss of appetite, pulse soft and compressible, no fever, tongue clean and dry, frequent watery discharges from the bowels, but no pain of any kind in the abdomen or anywhere else; in fact when questioned he declared that he had never felt any pain of any con-

sequence since the beginning of his illness, and did not remember having passed blood with his stools at any time, although the autopsy showed conclusively that he must have been mistaken in that respect. The treatment ordered was rest in bed, beef tea ad libitum, milk punch three times a day, and small, often repeated doses of laudanum combined the first day with a little castor oil, and subsequently with wine of ipecacuanha. This treatment was carried on five days without modification of the symptoms. On the contrary he became much weaker, and the diarrhoea more frequent and harassing, so much so in fact as to deprive him of sleep at night. On the 26th., the laudanum was stopped and a combination of chalk mixture and tincture of catechu took the place; this remained also without any perceptible effect, and the watery discharges were so frequent during the following night, as to call him out of bed every few minutes. About 3 P.M. on the 27th. he began to sink rapidly, presenting all the signs of collapse and passing his excreta unconsciously in bed. Frequent stimulation by brandy, aromatic spirits of ammonia and laudanum, was instituted and kept up the whole evening until midnight, but without success. He never showed any signs of reaction and died about 2.30 A.M. on the 28th.

Autopsy 8 hours after death: rigor mortis well-marked; emaciation moderate. The abdominal cavity was opened and the alimentary canal carefully examined. The stomach was healthy, but filled with the different fluids which the patient had drunk the day before, and which had failed to be absorbed. The small intestine and the colon down to the sigmoid flexure were also healthy with the exception of a few spots of mild inflammatory injection here and there. The mucous membrane however looked rather flabby and bloodless. The sigmoid flexure of the colon and rectum were covered with innumerable ulcers increasing in size and number from above downwards, until in the lower part of the rectum, the muscular coat was plainly visible, and what was left of the mucous membrane, hung in small reddish shreds. The diseased surface extended a distance of about 14 inches from the sphincter upwards. The liver was somewhat hypertrophied, but the other abdominal viscera were apparently normal.

Contributed by Asst. Surgeon J. B. Girard.
Camp McDowell, A. T.

No. 1159. C.3.5.2.E.10. Portion of upper lobe of right lung, infiltrated with tubercle and presenting near its apex a cavity the size of a walnut.

8608 Private James Donnelly, Troop "A", 5th. Cavalry, age 33, and a clerk by profession, was admitted in the Post hospital on July 7. 1872, for a profuse diarrhoea of ten or twelve days standing. Previous to admission, he had been ailing for several months, coughing a great deal, eating very little and consuming large quantities of whiskey. However, his occupation as commissary clerk being of a light character, he had neglected to apply for treatment until the symptoms of his disease assumed such a grave aspect as to compel him to give up work entirely and enter the hospital. He then complained only of his diarrhoea, and looked very thin and emaciated; his tongue was clean and his pulse quick and compressible. He was ordered perfect rest in bed, sulphuric acid and laudanum, bell adonna suppositories at

bedtime to check tenesmus, beef tea, milk punch three times a day and the best diet the hospital could afford. This treatment was continued 4 or 5 days, with occasional additions, to conect other symptoms, such as vomiting, sleeplessness, cardiac excitement, &c; By this time the diarrhoea appeared to be checked, when it was discovered to have been nothing but a secondary symptom induced by more serious pulmonary disorder, of which the patient had omitted to complain before. His lungs were immediately examined, and the following points ascertained; sunken areas above and below both clavicles; depressed intercostal spaces; very little espiratory expansion of the thorax; dulness on percussion over the back, down to the lower edge of the lungs; dulness over the clavicular spaces; farther down tympanitic sound; bronchial breathing everywhere over the lungs, louder under the clavicles; no clear respiratory murmur and no appreciable râles anywhere. The cough was not then of a very distressing character, but it steadily and rapidly increased in violence from that day, and was accompanied by the copious expectoration of sticky mucus mixed with streaks of greenish viscid matter, strongly adherent to the bottom of the spitcup. Considerable dyspnoea also set in, or rather the dyspnoea increased, for it had been overlooked heretofore. The pulse was feeble and numbered 120 beats and above from that day on, until he died. As soon as the disease was diagnosed, he was put on a course of cod liver oil, iron and quinine; anodynes for the cough; eggs whenever obtainable; and his dose of milk punch was increased. The oil however had to be discontinued, because it soon brought on a new attack of diarrhoea. There was no material change in the treatment after this, except the addition of occasional doses of squill and seneka, to facilitate expectoration. The patient gradually declined until the 28th., and died from dyspnoea and exhaustion.

Autopsy 12 hours after death: emaciation considerable; muscular rigidity normal. On opening the chest in the usual manner the lungs were found adherent to the thoracic parietes by fine pleuritic bands, and did not appear to collapse in the slightest degree. The adhesions were severed with the hand; in so doing a slight rupture took place in the visceral pleura under the right clavicle, and through the opening thus made, a quantity of dark grumous pus escaped. The lungs were both taken out and examined. The left one was almost everywhere infiltrated with tubercle and consolidated; its apex contained a few cavities, one of which, about the size of a marble, was lined with yellow matter. Where the pulmonary tissue seemed not to contain tubercles, it was intensely hyperaemic and oedematous. The right lung was also infiltrated with tubercular matter and its apex hollowed by a large cavity full of dark grumous pus; however, parts of the middle and most of the lower lobe were free from infiltration though intensely congested. The bronchial tubes were full of mucus and serum mixed with air bubbles. Both lungs after being washed and macerated in alcohol 4 days, weighed together 54 ounces. The other viscera were not examined, owing to the miserable accommodations in this hospital. It is presumed that tubercles must have existed in the intestines and the dysenteria, for the patient complained of much larngeal irritation during the last two weeks of his life.

Contributed by Asst. Surg. J. B. Girard,
Camp McDowell, A. T.

No. 1160. C.4.5.3.E.133. 8609

Portion of colon, mucous membrane of which is very much thickened and coated with pseudo-membrane, parts of which have separated, giving it a worm-eaten appearance.

See Surgical Section 6245. See Microscopical Section 6377 & 6380.

Sergeant Thomas Baldwin, "D", 8th. Infantry, was admitted to hospital May 28th. 1871, with a large abscess on the right thoracic region, supposed to be due to necrosis of a rib. He had been complaining more or less for five months, the swelling increasing very much at times, and again decreasing in an equal degree. June 15th., the abscess was opened and discharged a great deal of unhealthy bloody pus. June 17; he had severe chills. June 20, diarrhoea set in, which ran into dysentery, and death occurred at one o'clock P.M. on the 27th.

Autopsy 21 hours after death: the abscess was found to be 3 by 6 inches in extent and connected with scrofulous necrosis of the angle of the 10th. rib. There was a quantity of inspissated pus remaining in the abscess and filling a cavity which extended entirely through the rib. There were no adhesions on the left pleura and very little on the right side, and no effusions either in the pleural, pericardial or peritneal cavities. The small intestines were greatly congested; the large intestine very much contracted, thickened, and the mucous coat resembled pounded raw beef of a dark red color, but no ulcers were found.

Contributed by Asst. Surg. H. R. Tilton,
David's Island, N. Y. Harbor.

No. 1161. C.S. No. 35. 8610

Larynx and portion of trachea of a child, 7 weeks old, showing a congenital opening about the sixth of an inch in diameter between trachea and oesophagus. The opening is situated in the membranous portion of the trachea and corresponds in position to the 6th., 7th., and 8th. tracheal rings.

Frederick Hubert Arnold, age 7 weeks, white. Saw him for the first time on the evening of March 28th. 1873. Died on the morning of March 31.

He had had since birth, paroxysms of strangling with occasional lividity of skin, after each attempt to nurse; for a few days prior to my seeing him, there had been painful flatulent distension of abdomen, with eructations of flatus and borborygmi; there was said to have been a little fever on the night of the 27th.; slight cough; a half dozen thin greenish stools daily; nursed nearly as usual. Had been born on a cold night; no fire in the room; and both mother and child were chilled, the child's skin purple with cold. Had also been washed daily in water with the chill taken off. The mother had been roughly treated by her husband in the previous summer; she stated that while intoxicated, he choked her a number of times.

When seen, the skin of the trunk and extremities was warm, smooth, not dry; the head indeed showed at times barely perceptible moisture; no pungent heat; in fact no fever. Pulse frequent. Respiration[illegible], short, jerking; cough slight, infrequent, short, hacking, sometimes provoked by the strangling, occasionally bringing a little white froth to the lips, never any thick nor dark sputa, nor blood; nares dilated at each ~~respiration~~; mouth sometimes open, at others closed; each respiration was attended by a to and fro motion of the head. He nursed and also took fluids from a spoon; tongue coated whitish;

several thin, greenish stools daily; abundant, constant, painful flatulence; no vomiting; sucked naturally, without crying. Face not flushed; lips natural in color most of the time, occasionally a little bluish; drowsy also with occasional gleams of brightening up.

He became gradually weaker; at times however rallying and looking bright; toward the last he had to be held well up to the nipple to nurse. He continued to be drowsy most of the time; face at times looked puffed, heavy, anxious, and mostly pale, but at times faintly bluish. Still nursed at long intervals, but did not obtain much food, apparently too weak to suck much at a time; still no vomiting; flatulence abated somewhat; tongue continued coated; stools diminished to one or two daily. Respiratory symptoms continued without change; sometimes the breathing was labored, but mostly seemed to be without effort; slept some, with temporary cessation of movements of head and audibility of breathing; dilation of nares and spasmodic respiratory movements of abdomen, continued. Moaned a little now and then, but infrequently.

Towards death, the face and nails became bluish. There was no sweating, no convulsions; cessation of breathing sudden and quiet; slight spasmodic movements of respiratory muscles were provoked for a few minutes by gentle pressure and relaxation of the chest. Auscultation disclosed mucous rales on the 29th., but not afterward. Died March 31 at 9 A.M.

The treatment consisted in the administration of fluid extract of wild cherry and wine as tonic and stimulant; peppermint water and compound spirit of lavender as carminatives; saccharite of soda as antifermentative; external applications of chamomile flowers

and hops, steamed, to chest and abdomen; inhalations of same plunged in warm water; injections of peppermint water; and also injections of milk, water, wine and laudanum.

Autopsy 7 hours after death; rigor-mortis well-marked in jaws; slight in arms and legs; suggillation general on posterior aspect of body; no deformity.

Palate normal; remainder of head not examined.

Trachea and oesophagus healthy except that about half an inch below the lower border of the cricoid cartilage there was an absence of development, consisting in a longitudinal valve-like opening between the two tubes, of the diameter of a sixth of an inch; a small granular deposit was found upon the mucous membrane of the trachea just below the opening but was accidentally washed off before it could be secured.

Right lung very dark and hepatized throughout; no crepitation, no air in it; a slight pleuritic adhesion between upper and middle lobes; no fluid nor lymph in cavity. Left lung somewhat emphysematous in superior lobe; the anterior lower margin for the extent of about a square inch was in the same condition as the right lung; no fluid nor lymph nor adhesions in left cavity. Heart normal, contained fluid blood.

Stomach and intestines largely distended with flatus; otherwise normal. Liver and spleen normal. Mesentery somewhat congested. Kidneys apparently normal.

Contributed by Dr. D. S. Lamb,
Washington, D.C.

In Philadelphia Med. Times, Vol. 1872-3, p. 705

No. 1162. C.2.S.2.C.18. 8411

An aneurism of the arch of the aorta which has ruptured near the origin of the left subclavian artery, blood escaping into the left pleural sac.

Alexander K. Cassel (quartermaster's clerk) age 21, tall and thin. Previous history of cough and debility led me to suspect phthisis. First came under my treatment on the 20th. of November, 1872. Diagnosis: pneumonia of posterior portion of left lung. Treatment accordingly with counter-irritation, expectorants, support, &c. Died suddenly (and so quietly as not to disturb another clerk who slept in the same room) about 3 A.M. December 8. 1872.

Autopsy 10 hours after death: chest only examined; rigor-mortis well-marked; body much emaciated; at apex of right lung was found the cicatrix of healed abscess and calcareous degeneration of tubercle; at apex of left lung, old pleuritic bands of adhesion; left pleural cavity filled with serum and a clot of blood weighing 7 pounds avoirdupois from a ruptured aneurism of the aorta. ["Red granular clots in ventricles - D.S. Lamb].

Contributed by Asst. Surgeon W.H. Gardner, Fort Riley, Kansas.

No. 1163. C.4.S.3.I.90. 8612

Portion of rectum, showing a large ulcer with excavated edges.

Private John P. Yount, "F", 3rd. Cavalry, age 23. Illness commenced six days before admission, with slight headache, pain in the bowels and diarrhoea. No amelioration occurring, he was admitted to hospital October 29. 1872. A tall, fair-looking individual, well-proportioned; height 6 feet. Enteric fever being epidemic in the garrison, he was immediately placed in bed under as favorable hygienic conditions as could be arranged. The most

marked phenomena developed, were: anorexia; giddiness; excessive thirst; mental disquiet; insomnia; headache; diarrhoea; pain in bowels and wandering pains in the extremities, with great debility and prostration; tongue covered with a whitish fur; pulse quick; integument pungently hot. To relieve gastric pains and diarrhoea, ℞ opium one grain as required; applied mustard plaster over abdomen; hair to be cut close to the scalp; beef tea and brandy milk punch every few hours; also calomel 2½ grains, sulphate of quinia 4 grains, three times daily; ice and lemonade allowed ad libitum.

October 30, patient petulant and difficult to manage; complains of excessive nausea; cannot take the milk punch; diarrhoea frequent; dejections liquid and of a bright ochre yellow color; alkaline reaction; considerable tenderness in right iliac fossa. Small doses of acetate of lead and opium in solution exhibited every 4 hours; and effervescing drinks with sherry wine and beef tea (extractum carnis Liebig's). Emollients over hypogastrium, &c.

October 31, extreme debility; gloomy, depressed countenance; cheeks flushed; persistent wakefulness; pulse quick and irregular; heat of body acrid; distressing emesis, ejecting green bitter matter; diarrhoea unabated; abdomen resonant on percussion. ℞. blue mass 2 grains, powdered opium 1/4 grain, every 3 hours. Ice, mucilaginous drinks, and astringents continued; also sherry wine and beef tea, and to have a seidlitz powder; mustard plaster over epigastrium repeated.

November 1. About the same; his entire body well-bathed every morning with warm water and soap; bedding all changed daily; soiled clothing removed and clean articles supplied as often as required; atmosphere of room main-

tained at a temperature of 65° F.; ventilation carefully regulated; in fact every essential hygienic arrangement attended to. Heroic treatment appears contraindicated, as he is absolutely unable to take any kind of stimulants or medecine; therefore it was judged best to adopt an expectant plan of treatment. Stomach very irritable, almost everything is vomited up as soon as swallowed; the beef tea has to be given in minute quantities; fragments of ice act beneficially; wine jelly also proves agreable; anti-emetics and astringents were cautiously prescribed; also astringent enemata, &c, according to the demands of the symptoms.

November 2. Asthenia increasing; lassitude; great emaciation; epistaxis; persistent gastric irritability; abdomen very sensitive to pressure; slight meteorism and ileo-coecal gurgling also detected; diarrhoea unchecked; stools fluid and of same color and reaction as previously recorded; kidneys act well; urine passed freely, quality and quantity normal. Prophylactic remedies continued, including restoratives, anodynes, stimulants, derivatives, &c., with the most vigilant nursing.

November 11. No improvement. By reference to the record of temperature [see below] it will be observed that the thermal curve differs much from the temperature of an ordinary case of entero-mesenteric fever; the temperature has not reached 103° F. during the past 10 days; the morning remissions and evening exacerbations found during the initial stage of normal typhoid fever are altogether wanting. This irregularity appears to have arisen from the man's low adynamic state, depressed condition and general lack of vital energy; from the outset there has been great prostration of the vital powers. His intellect has been so far unimpaired through out the attack; no eruption visible; the force of the poison is directed to the abdominal vis-

cera; persistent vomiting has been the most difficult symptom to control. For this last complication all the usual medicaments were fruitlessly employed; ice alone affording any relief.

Stimulants of every kind have been tried in vain; even champagne is ejected as soon as swallowed. To combat his overwhelming prostration, every delicacy has been supplied in the form of fancy diet that could with propriety be allowed. The only pabulum he can take is beaten-eggs (raw) in minute quantities at a time. The diarrhoea has somewhat moderated.

November 18. Since the above date, on several evenings, it was expected that the sufferer would succumb during the night; complete aversion for food entirely stays any attempt at restoration; as yet no defervescence; the peculiarity of the oscillations in the thermal curve will be noticed; he is reduced to an absolute skeleton; excessive autophagism; only by the most unwearied care and attention have bed sores been prevented; all the bony processes appear as though on the point of perforating the cutis; enlargement and incipient suppuration of left parotid gland; diarrhoea and vomiting partially relieved. Beaten raw eggs with a modicum of brandy is the only aliment that can be borne; oranges (the seeds being picked out) given a quarter at a time, to be sucked only, have afforded some little sustenance. Every drug offered serves but to entail more suffering; medication well nigh impossible; anodynes, stimulants, epispastics, &c. in their least objectionable forms administered as circumstances demand.

November 22. Made incision over left parotid gland, one ounce of laudable pus escaping; linseed poultice applied. There are periods,

when, from pure debility, he is unable to open his mouth; protusion of tongue out of the question. Abdomen of abdomen odd; puffs out at umbilicus and looks as though bound down about two inches below inside of crest of each ilium; making anterior superior spinous processes remarkably prominent; knees drawn towards stomach; The general condition of the patient is very unfavorable; he has hiccough, foetid breath, &c.

November 28, P.M. Very great tympanites this evening causing the utmost distress; patient nearly worn out. Rectum well-washed out with tepid water, and enemata of caster oil and turpentine injected; the sphincter ani, however, being perfectly relaxed, nothing was retained. In order the more thoroughly to examine the parts, the index finger was introduced up the rectum; while gently moving the finger about to explore the condition of the bowel, it was particularly remarked that when the finger was advanced towards the left vesico-rectal region, it caused an entirely abnormal amount of pain.

Several scybala, lodged about five inches from the orifice, were removed with the index finger; and assafoetida and opium suppository afterwards placed in the rectum. The same general management continued.

November 29., much easier; had had three nice passages from the bowels; abdominal flatulence subsiding; the right parotid gland very much enlarged, inflamed, painful and obviously suppurating. The only support his strength receives is from a little beefsta and brandy at intervals; pieces of orange occasionally, and beaten eggs.

December 3. During the past few days, had been quite delirious; low muttering delirium; talks incoherently; coma vigil; Opiates were called for and prescribed as required. Sleo-coccal region tumefied and exquisitely painful on pressure; abdomen flat and shrunken otherwise. Opened abscess over right parotid gland; 5 ounces of healthy pus evacuated.

December 7. We were suddenly summoned to his bedside at 11 A.M.; patient supposed to be dying; found him in extremis; insensible, pulseless, and apparently moribund. Stimulants (brandy and ammonia) given. Contrary to all expectation he rallied and in the evening seemed about as usual, except of course being more reduced and weaker.

December 8. Abscess over right parotid, discharging quantities of ichorous pus; large quantities of matter also escaping from right meatus auditorius. An incision had to be made over mastoid process of right temporal bone; as from almost constant dorsal decubitus of patient the pus has gravitated towards that region.

Died December 11th. at noon.

Autopsy 5 hours after death: rigor-mortis entirely absent; weight of cadaver about 60 pounds [?] emaciation extreme; decided anaemia; complete atrophy of entire muscular tissue of body; every bony prominence clearly defined; eyes sunken; abdomen very hollow.

Head not examined.

On opening thorax, both lungs found collapsed; both very small in size and very much atrophied; whitish cream color on superior surface; bloodless; slightly bluish purple color in dependent parts. Heart very small; weight 7 1/2 ounces; tissue pale,

soft, relaxed and wasted; contained in right ventricle some yellow pseudo-polypi. A fluid condition of the blood generally.

The following lesions were discovered on opening the abdominal cavity. Intestines in some parts red and inflamed; in others of a dark green color; a most foul odor; peritonitis of long standing; coils of small intestine glued together in all directions; the omentum bound down on to the intestines everywhere; in some places chronic suppuration. The ileum very dark, almost black and gangrenous; a circumscribed abscess was found surrounding the appendix vermiformis coeci (perityphlitis); this abscess contained about 6 ounces of healthy pus; the lining of the sac in which the pus was held was of a black color—mortified. On lifting up the intestines out of the pelvis, on the right side, just below the brim of the pelvis, another abscess was found which held about the same quantity of pus as the abscess at caput coeci; the lining of the sack of this abscess also black and mortified. The intestines were now removed from the cadaver; on raising the large intestine out of the pelvis on the left side, a third abscess was found in the recto-vesical region, as large as an orange, and full of laudable pus, extending up left side of bladder towards its anterior aspect; also had intimate relations with cellular tissue around anterior and left lateral surface of rectum (periproctitis); the sac of this last abscess was very black and gangrenous internally. The intestinal canal was very closely examined, being laid open with scissors; its structure perfectly rotten, gangrenous; great difficulty in preventing it getting torn during manipulation,

even while spreading it open, it separated like a piece of wet blotting paper; the mucous membrane of intestines turgid and congested, covered with a thick layer of dirty gelatinous mucus; valvulae conniventes inflamed and enlarged; villi distinct; no perforation was detected, but numerous ulcers throughout ileum and large intestine; these ulcers very large, some the size of a half-dollar piece; ulcers found as far as four feet above ileo-coecal valve; also very low down, even in descending colon and rectum; many of these Peyerian ulcerations extend down to peritoneal coat of intestine and have thus produced peritonitis; many near ileo-coecal valve coalesce, forming large ulcerated patches. Mesenteric and meso-colic glands very much tumefied; some as large as a walnut, and when opened, contained ichorous pus. Stomach very small; mucous membrane much injected. Liver very small in size; weight only 29½ ounces, atrophied and soft. Gall-bladder half full of greenish-yellow bile. Spleen very small; weight 4¼ ounces; violet color; capsule wrinkled. Pancreas also atrophied, small; length 3 inches, width half an inch, and about a quarter of an inch in thickness. Kidneys normal; weight of left kidney* 6½ ounces. Bladder normal.

For table of Temperature, Pulse and Respiration, see next page (232).

Contributed by Asst. Surgeon J. H. T. King, Ft. McPherson, Neb.

* A portion of ileum from the foregoing case was received at the Army Medical Museum, but as it contained no ulcers, was probably taken by mistake higher up than the seat of disease.

Record of Temperature, Pulse & Respiration.

Date	Temp. M.	Temp. E.	Pulse M.	Pulse E.	Respir. M.	Respir. E.
Oct. 31		103		104		25
Nov. 1	101.6	102.4	94	97	25	26
" 2	100.4	100.8	90	86	25	24
" 3	100.2	102.	75	86	22	25
" 4	101.6	101.6	84	82	24	24
" 5	100.4	101.	69	74	22	22
" 6	100.4	102.8	70	86	23	26
" 7	100.2	101.8	74	81	20	24
" 8	99.4	99.4	57	60	20	14
" 9	99.4	100.2	72	75	24	23
" 10	99.6	101.6	67	76	21	23
" 11	101.4	102.6	85	89	23	23
" 12	103.4	103.4	87	83	20	23
" 13	105.2	104.4	102	104	21	21
" 14	102.4	103.2	102	108	19	26
" 15	98.6	102.6	81	104	21	24
" 16	100.8	104.8	97	118	24	25
" 17	101.4	100	100	87	25	24
" 18	103.4	102.4	108	121	26	27
" 19	98.4	99.2	97	99	23	23
" 20	99.2	100.4	90	104	17	21

Date	Temp. M.	Temp. E.	Pulse M.	Pulse E.	Respir. M.	Respir. E.
Nov. 21.	101.2	100.6	104	107	20	26
" 22.	101.4	102.2	101	106	19	18
" 23.	99.4	99.	99	99	15	18
" 24	99.6	99.	107	101	23	29
" 25	99.4	98.4	117	112	16	25
" 26	99.2	100.2	130	128	24	20
" 27	98.2	102.4	135	141	23	23
" 28	100.8	103.4	124	139	23	30
" 29	101.6	102.6	125	138	26	29
" 30	99.8	101.2	115	133	26	27
Dec. 1	98.6	99.6	116	122	29	25
" 2	97.6	97.6	114	115	26	30
" 3	96.8	98.4	108	119	24	26
" 4	97.4	98.4	113	123	21	22
" 5	98.4	100.4	128	143	22	29
" 6	100.2	100	139	133	26	24
" 7	98.8	100.2	125	136	24	32
" 8	97.2	99.6	114	132	29	27
" 9	97	98.2	119	126	32	28
" 10	97.6	98	118	125	24	32
" 11	96.		115		34	

Nos. 1164 C.4.5.3.I.91. and 1165. C.4.5.3.I.92.

Portion of jejunum showing some tumefaction of the villi and enlargement of solitary follicles. Portion of colon showing minute follicular ulcers.

Nos. 1163 and 1164

(melastolic foci in liver)

Private Charles King, B, 3rd. Cavalry, age 24, was discovered in the water closet in a fainting condition by some comrades about 2 P.M. August 12. 1872 and conveyed on a stretcher to the Post hospital. He was at once attended to and found to be in a state of collapse, the following phenomena predominating; surface of body icy cold; physical powers exhausted:

a glacial sensation communicated to back of hand by the breath as it issues from the mouth; tongue cold to touch; pulse imperceptible at wrist; superior and inferior extremities suffused with a livid or purple discoloration which extends partly over neck and abdomen; fingers and hands wrinkled like a washerwoman's; he is almost insensible; voice feeble and scarcely audible.

The above symptoms are aggravated by constant vomiting and incessant purging accompanied with violent spasms, which affect both arms, legs and trunk. Brandy, opium, capsicum and ginger were administered internally in full doses; and fragments of ice placed in the mouth; sinapisms to epigastrium and calves of legs; friction with woolen cloths and with the hand made over extremities and abdomen; hot bottles to feet and in axillae, &c.

The man was assiduously watched and nursed from the moment of admission; three men being detailed to remain constantly by his bedside for that purpose.

Noon. Prostration very great and growing; voice sepulchral in sound; patient has been very restless; complains of being oppressed and incessantly throws off the bed-clothes, at which he nervously picked; insatiable thirst; countenance shrunken; features sharp and pinched, Hippocratic countenance; skin cold, cyanosed and clammy. Temperature of mouth 86° F.

Anodynes, stimulants, broken ice, sinapisms, enemata, frictions, &c., administered "ad libitum". Vomiting and purging uncontollable; evacuations liquid and of a dark brown color.

4 P.M. collapse perfect.

7.30 P.M. he has continued gradually to sink and died very quietly at 7.30 P.M.

Autopsy 14 hours after death: rigor-mortis well-marked; considerable lividity extending over greater part of cadaver; superior and inferior extremities shrivelled and emaciated.

On opening the abdominal cavity the small intestines were observed to be very much congested and inflamed. The intestinal canal was laid open its whole length with scissors and found to be covered with red, bloody patches congested and inflamed throughout. The colon contained a yellowish-brown liquid, with numerous white flocculi floating in it. The stomach contained a very small quantity of a pale brown fluid; coats of stomach dark red color and vessels terribly injected. Liver diminished in size and atrophied; its section presented a mottled yellow and red appearance; externally over its surface were visible several patches the size of a bean, of an ochre-yellow or rhubarb-like color. Spleen hypertrophied; weight 19 ounces.

Heart very pale; left side empty; right side contained; some dark pseudo-polypi.

It will be observed that this man died 17½ hours after admission into hospital; no attempt at reaction ever taking place. From his former history it appears that he has suffered much from intermittent fever, which would account for the pathological condition of his liver and spleen. The predisposing causes of his sudden death may perhaps be attributed to his shattered health and lack of vital power to withstand such an acute invasion of disease.

Contributed by Hpt. Surgeon J. H. F. King,
Fort McPherson, Nebraska.

No. 1166 C.S.S.I.C.22. 84.15

Atrophied left kidney, 3 inches long, containing several large cysts. Capsule firmly adherent; weight less than 2 ounces; ~~more~~ one of the true structure of the kidney save a small portion of the cortical substance remaining; there were no traces of recent inflammation; the lower and larger of the cysts was about half filled with a caseous inodorous matter; under the lens this appeared a sort of granular debris, intermixed with oil globules and obsolete pus cells (?); the ureter leading from this kidney had withered to a mere thread.

Captain E. L. Hartz, 27th. Infantry (and aid to General Harney, Superintendent of Indians for this District), came to Fort Sully on the evening of the 6th. of November. He appeared in his usual health, but was somewhat nervous and depressed, probably owing in part to business perplexities, and in part to the injudicious use of liquor. Moreover he said that he had eaten but very little for several days. He asked for and took moderate doses of the sulphate of morphia on the evenings of the 6th., 7th., and 8th., but did not sleep well. On the morning of the 9th. he announced himself as "all right" and prepared to ride to Peoria Bottom (distant about 15 miles) to meet General Harney. The weather being unfavorable, the trip was abandoned. Engaged in writing and arranging papers during the greater part of forenoon. Was not out of his quarters so far as known; drank 5 or 6 ounces of whiskey. Found at 1 P.M. stretched upon the floor of his room insensible, breathing stertorously; face livid; pulse full and of about average frequency. Seemed like a man thoroughly drunk. Placed in bed, clothing removed, head elevated, and preparation made to bring on emesis, when

it was discovered that he could be easily roused to consciousness and that when so aroused he talked intelligibly and rationally. Said he would soon be better. When left to himself he at once lapsed into the semi-comatose condition. Toward evening he became very restless, screamed frequently, coughed, and (as was afterwards discovered) spit some blood. He rose and went to the privy but said that he was unable to effect a stool. At 6 P.M. gave half grain of morphia subcutaneously with the effect temporarily of abating the restlessness, screaming and violent breathing. Three or four hours elapsing and these symptoms having increased, the same amount of morphia was administered as before. On auscultating the chest nothing special was detected beyond an exaggeration of all the normal sounds; pulse about 100, soft and full. On visiting the patient the following morning (10th.) found him very much worse. The pulse had risen to 120 and was weak; respiration 32; temperature 99.2°; countenance dusky, the latter appearance being all the more striking that he was of florid complexion. He said he had slept none through the night; slight general dulness over the whole of right chest; loud bronchial sounds; fine crepitation heard as it seemed everywhere over the chest, though the left side returned a tolerably clear sound when struck. Pronounced the first stage of an extensive and extending pneumonia of the gravest character. A profusion of cups applied over anterior parts of chest and posteriorly between scapulae, taking 8 or 10 ounces of blood. Immediately afterward the entire thorax enveloped in a mustard poultice and after thorough irritation of the skin, mustard replaced by flannel and oiled silk. Beef-essence administered and taken with great relish. The pulse becoming weaker, more rapid, one ounce of sherry wine was given every half hour, apparently with good effect, temporarily. Treatment continued through the night. At 4 P.M. the pulse was 119, respiration 39, and temperature 101.1°. Towards morning of the 11th., patient had several loose stools, and as he fancied the essence of beef was the cause, it was discontinued. He desired chicken broth, and small amounts were given him whenever he called for it. Pulse 128, weaker; respiration 48 and distressed, almost gasping; perspiring; temperature 101.1°. Muscular strength good and voice strong; no vesicular murmur to be detected anywhere; the loud tracheal and bronchial sounds overpowering all others. Dulness over the whole of right side and lower half of left. As it was believed that the patient had important business unfinished, it was thought best to inform him that his case was past hope. He seemed somewhat surprised at the announcement but was in no wise disconcerted, and arranged his affairs with great coolness and good judgement. Carbonate of ammonia and brandy were given from time to time in the hope that they might assist him somewhat in his terrible struggle for breath; and he was encouraged to change position frequently. At 2 P.M. the respirations were 56, pulse 145, temperature 102.1°; face livid, almost black from venous congestion. There was no letting down for in the rapid pulse, but he died suddenly at 8.30 P.M., almost in the act of gasping. not one remark.

Autopsy 14 hours after death: body fat, well formed; rigor mortis strongly marked; posterior parts of trunk quite warm.

No recession of lungs upon removal of sternum and costal cartilages; no adhesions between pleural surfaces on either side; an ounce or two of serum in each pleural cavity; right lung in a state of red hepatization and quite impermeable to air throughout its whole extent

save a very small portion, two or three cubic inches of the lowest part of the lower lobe; this small piece was the only part of this lung that would crepitate or float in water. The major part of the upper lobe of the left lung, though somewhat engorged; was crepitant and permeable to air; the remainder of this lung in the same state as the right. Heart presented nothing specially abnormal; right cavities distended with dark blood and clots, and one well-marked, dense, white fibrinous clot extending from the bases of the tricuspid valve an inch or more into the pulmonary artery.

Stomach contained a small quantity of liquid and apparently healthy. Right lobe of liver considerably enlarged; the entire organ weighed between 5 and 6 pounds. Unfortunately the piece preserved for microscopic inspection was lost. Gall-cyst healthy. Spleen of normal size and appearance. Pancreas normal. Right kidney largely hypertrophied, weighing nearly eleven (11) ounces, but presenting no other marks of disease. Left kidney as in specimen. Intestines contained very little beside gas, and generally healthy in appearance. At about the junction of the middle and lower thirds of the ileum, a singular diverticulum was observed.

An addition to Surgeon Gray, Act. Asst. Surgn Davis and Lieutenants Ketchum and O'Reilly 22d Infantry, were present at the autopsy.

Contributed by Surgeon C. C. Gray
Fort Sully, D. T.

Cerebellum pons and medulla; an

No. 1167. C.I.S.I.D.II. SG16

oval tumor one inch in diameter, ~~growing~~ from the superior surface of the medulla oblongata, and distending the 4th. ventricle.

Mary Martha McCoy, age 58, colored, widow. Admitted to Freedmans Hospital, Washington, D.C., April 17. 1871. ~~She was a widow; residence Georgetown, D.C.~~ Diagnosis - Paralysis with. Died May 3.

The brain ~~seemed~~ normal except ~~the~~ tumor above described about the size of an English walnut pressing upon the posterior part of the medulla oblongata, between it and the cerebellum in the 4th. ventricle.

Contributed by Dr. J. E. Cheney,
Washington, D.C.

No. 1168. C.S. No.34. SG17

Skeleton of a months' foetus; accephalus and spina bifida; a pedunculated oval body represented the brain.

Mrs. V—, age 24, second pregnancy, second child; supposed herself to be in the 8th. month of pregnancy; was in labor 14 hours; labor natural except a very offensive odor discovered on first examination, with premature discharge of an unusual amount of highly-yellow-colored amniotic fluid; placenta normal. Patient states that in the early months of pregnancy she became frightened at a monkey, experiencing very peculiar sensations in the uterus at the time, and has been very much depressed ever since, with frequent spells of crying, fearful of evil effects the fright might have upon the child.

Contributed by Dr. L. L. Bond,
Washington, D.C.

No. 1169 of register for 1203 are affixed accidentally SG18

No. 1169. C.4.S.2.D.I.

Greater extremity of stomach, presenting a diverticulum in the line of the greater omentum.

Copy of Remarks on the Monthly Report of Sick and Wounded for June 1873 to accompany specimen for A. Med. Museum.

Private Marcus Rankins, Company "D", 10th. Cavalry, was found dead in the company mess-room at 10 O'Clock A.M. June 22nd. 1873.

He was on duty as company cook, and in his usual good health at 9 O'Clock A.M., when the troops turned out for Sunday morning inspection. He was left alone in the kitchen, and when the men returned, was lying dead under the mess table. Immediately after he was found, the muscles responded for a few minutes to the galvanic current, but soon ceased, and the body within two hours became intensely rigid. Post mortem examination was made six hours after he was found. Rigor mortis intense. No marks of violence on the body. Mucous membrane of the mouth very pale. Arterial system nearly empty. Veins greatly congested with black strongly coagulable blood which brightened on exposure to the air. The heart intensely rigid, left side empty, right side nearly so, but contained a broad flattened clot of considerable firmness. A long round firm clot in the aorta between the semi-lunar valves and the arch. Muscular fibre of the heart under a power of six hundred diameters showed transverse striæ in portions while in others it was lost. Muscles gave acid reaction throughout the body. Lungs, bowels, kidneys, spleen, liver, normal, but gall-bladder engorged with bile and causing a little discoloration of the parts in contact with it. The brain was healthy with the exception of excessive venous engorgement especially noticeable over the upper and posterior portions, with a slight effu-

sion of serum into the subarachnoid space.

The stomach was removed for the purpose of making an inspection of its contents (there are no chemicals or apparatus here for making an analysis of the contents of a stomach) when a hernial pouch was discovered at its larger end, round in form, about 1½ inches in diameter and connected with the main sack by a constricted isthmus. The walls of the pouch were thin as though formed from the stretching of a small point in the main walls of the organ. The specimen was considered of sufficient interest to be forwarded to the Army Medical Museum, and will be sent with a copy of the remarks. The stomach contained about four ounces of a grayish slimy fluid with a few particles of ground coffee, highly acid, and having a strong smell of coffee. Such rough tests in a general way as were at hand revealed nothing abnormal.

The Thermometer indicated 94° Fahrenheit at about 9 O'Clock that morning and the kitchen in which she deceased was engaged was close and hot. He was a man of temperate habits and had always enjoyed good health with the exception (as was learned from one of his companions) of occasional attacks of pain about the region of the stomach, which had been noticed for some months back. A diagnosis of death from insolation was entered.

(Sgd.) Wm. H. Forwood
Assistant Surgeon U.S.A.

Fort Richardson, Texas,
June 22nd. 1873.

No. 1170. See 1202. + 1187

c.4.5.3.N.24.

8819

Taenia ["A." and "B." Two specimens]. 2 spec.

Post Hospital,
Fort Leavenworth, Ks.
Aug. 11th. 1873.

Brig. Gen. J. K. Barnes,
Surgeon General U.S.A.

Sir:

I have the honor to report that I have sent by the U.S. Express Company, today, for the Army Medical Museum, a specimen of a tape worm, 12½ feet long, passed by a soldier.

The patient, Enoch Hadins, represents that he has passed joints of this worm with every evacuation of his bowels during the last eighteen months. Usually only a joint or two, but sometimes ten or twelve, have come away at a time. In every instance they have been disconnected, until the passage of the specimen forwarded. These disconnected joints have all shown vitality - elongating and contracting with considerable motion for sometime after they were expelled. When the connected piece was passed, the worm appeared as dead.

The patient received no special treatment looking to the removal of the parasite until he was admitted into the hospital for another disease, when I learned of its existence, and after his convalescence treated him for it. I first administered a dose of castor oil and oil of turpentine in the afternoon, which of itself carried off a dozen or more of the joints of the worm. He was allowed no supper that night and at bedtime was given four of Dick and Co's capsules of oil of male fern and kamala powder. In the morning at 7 O'Clock, fasting, he was given two more, and at 9 O'

clock two more, and the last dose followed in an hour by one ounce of castor oil and one drachm of oil of turpentine. The bowels were moved very freely beginning before the oil was administered, but only a few disjointed pieces were expelled. Three or four days were allowed for recuperation after the free purging when a precisely similar treatment was adopted resulting in the expulsion of the specimen referred to.

The entire head appears not to have been removed, though I am of the opinion that pointed end of the specimen is a portion of it.

Very respectfully,
Your obedient servant,
(Sgd.) N. S. Waters
Asst. Surg. U.S.A.

Directions - For those taking Dundas Dick and Co's Soft Capsules, containing Ethereal Extract of Male Fern and Kamala Powder, when they are taken without the advice of a physician.

In the treatment for Tape Worms, the dose for an adult is 4 capsules, taken at bedtime on an empty stomach, and followed in the morning by 2 of the capsules, with a full dose of castor oil, which should be repeated in a couple of days if necessary.

For a few days previous to taking the medicine, very little food should be taken, and that little of a very light or fluid nature, and especially should this be the case on the day the capsules are taken.

When the patient is weak, or the medicine acting with severity, it may be found necessary to give a stimulant; in

either case, a tablespoonful of brandy, repeated several times if needful, will generally be found sufficient.

When the above directions are attended to, the desired effect, namely, the bringing away of the entire worm or worms, will be the certain result.

The Male Fern, in combination with Kamala, has seldom or ever been known to fail."

Contributor, Asst. Surg. W.E. Waters
Ft. Leavenworth, Kansas.

No. 1171. C.5.5.5.E.50 8420

Embryo of nine weeks.

"Foetus 'nine weeks old', according to the label on the bottle. No further remark and no history.

Contributor, Arnold Jackson, Act. Asst. Surgeon.
Fort Clark, Texas.

No. 1172. C.3.3.2.H.4. 4621

Cancer of left lung.

"Charles Staub, aged 28 years, German, Blacksmith. Admitted May 21. 1872 with tumor of left arm, involving left shoulder. Measurement at the axilla 2 ft. 6 in., middle 2 ft. 4½ in.; covered with numerous large elevations filled with blood, lower part fluctuating. Died July 29. 1872. No operation was made during life.

Both lungs filled with large nodules of cancer of very hard cartilaginous feeling, their external surfaces being flat. Liver slightly fatty, 4½ pounds. Kidneys normal, pale. Spleen soft and pale. Forearm infiltrated with serum. The interior of tumor

filled with liquid, results of broken down cancerous matter. Bone enlarged and carious. 2 ounces of effusion in pericardium. Posterior part of tumor softened into a mass. Mesenteric glands enlarged.

Contributor, Asst. Surg. Edwin Bentley,
Point San José, Cal.

See letter of Dr. McCormick, September 10. 1873.
See also Microscopical Section, Nos. 6441 & 6443.

No. 1173. C.2.5.2.C.19. No 22

Aorta with an aneurism the size of a walnut just above the semi-lunar valve, which ruptured into the pericardium. In the descending portion of the arch of the aorta there are three small aneurismal protrusions, two of which correspond in position with the points of origin of the first and second intercostal arteries of the right side.

No. 1174? 81

Remarks on Monthly Report of Sick and Wounded, Headquarters Field & Staff, and Band 4th. Cavalry, Companies A, B, C, E, G, I,, and detachments Companies D and K. 4th. Cavalry, Companies G, H, and K, 10th. Infantry. Fort Clark, Texas, Department of Texas. May, 1873

"John Leigh, Corporal, co. A, 10th. Infantry, died at his quarters on the 9th. day of May, of Aneurism of the Aorta. Immediate cause of death, rupture of the aneurism into the pericardial sack. There was dilation of the vessel about the size of a pigeon's egg, irregularly sacculated, above the right posterior aortic valve. The vessel was very thin at the point of rupture; the heart small and flabby. There was another aneurism somewhat larger and very irregularly sacculated or cor-

rugated in appearance and firmly adherent to the left sides of the bodies of the 2nd., 3rd., and 4th. dorsal vertebrae, formed from the posterior aspect of the aorta at the descending portion of the arch and the commencement of the thoracic aorta. He was taken to the hospital on the night of the 2nd. of May in a state of syncope, from which he gradually recovered, complaining only of a choking sensation, felt in the larynx. The feeling of suffocation passed off in a few days and he became tired of the confinement of the hospital, and was permitted to go to his company quarters on the 9th. of May, when the fatal result occured, while chatting quietly with a comrade.

The following is a sketch of the history of this case. Joined his company in June 1870 at Brownsville, Texas. Was noticed in January following to have difficulty in breathing; sleeping occasionally in a sitting position; complained of pain in the back and chest; was in hospital at Brownsville (from 1870 to the latter part of 1872), - 31 days. Soon after the arrival of his company at this post, he was admitted to hospital, from December 16th. to 23rd. 1872. Diagnosis of disease, pleurodynia (neuralgia). He was again admitted on the 13th. of January 1873, and returned to duty on the 26th. of February. Diagnosis - pleurodynia. I saw the man frequently while in hospital, during January and February, under the care of Hpt. Surgeon Patzki. His pain was at times excruciating, refered indistinctly to the back and front of the chest. The diagnosis was not considered satisfactory, and I am aware that Dr Patzki believed in the existence of an aneurism or of some diseased condition of the aorta. Owing to the very weak

action of the heart and the existence of the two small aneurisms in different situations, the diagnosis was extremely difficult. A large quantity of adventitious tissue was thrown out and around the root of the left lung and aorta at the seat of the lower aneurism in which the left pneumogastric and recurrent laryngeal nerves were involved, accounting for the peculiar nature of the pains.

(Sgd.) Donald Jackson
Act. Hpt. Surgeon.

Ft. Clark, Texas.

No. 1174. C.4.S.S.I.21. 8624

Two sections of biliary calculus; weighing together 425 milligrammes (6.55 grains).

" Surgeon Generals Office,
Washington City,
May 9. 1873.

Sir:

I have the honor to present to you for the Medical Section of the Army Medical Museum, a biliary calculus passed per anum by a woman on Capitol Hill. The circumstances attending its passage were rather peculiar. The woman who is a native of France, of a 'nervo-bilious' temperament, felt, as she expressed it, 'rather unwell' for several days and was attacked with diarrhoea, during which she passed a number of 'hard lumps'; and preserving this one, sent it to me for examination. It consists principally of cholesterin and biliary resin highly colored.

Although I have questioned her closely, I cannot find that she has ever had any

acute pain or other symptoms of biliary trouble.

Very respectfully
Your obt. svt.

(Sgd.) J. Edw. Kelsey, M.D.

Dr. J. J. Woodward U.S.A.
Present.

Washington, D.C.

No. 1175
C.2.5.2.C.20.
8625

Aneurism of abdominal aorta.

"Post hospital, Jackson, Miss.
June 16th. 1873.

Surgeon General, U.S. Army,
Washington, D.C.

General:

I have the honor to forward herewith the history of the case of Private David Kellar, late of co. 'F', 16th. Infantry, who died from rupture of an Aneurism of the Abdominal Aorta, in this Hospital, on the 12th. instant; and to inform you that I have this day forwarded by express to your office for the Army Medical Museum, a section of the vertebral column and of the abdominal aorta attached, showing the ruptured sack, the diseased vertebrae, etc.

The specimen is put up in a glass jar with alcohol 2 parts, water 1 part, and packed in a small wooden box, marked "Surgeon General, U.S. Army, Washington, D.C. For the Army Medical Museum."

I have the honor to be, General,
Very respectfully,
Your obd. svt.
(Sgd.) Theodore Acland,
Act. Asst. Surgeon, U.S. Army,
Post Surgeon."

History— "David Kellar, Private, co. 'F', 16th. Infantry. Admitted March 30th. 1873 for dyspepsia.

April 6th. Patient is improving under 'special diet', and tonics of bark and gentian, but is inclined to constipation. April 8th. Treatment continued. Bowels had to be moved by croton oil, but still complains of a 'fulness' of the stomach. April 23rd. Patient has been steadily gaining strength and appetite, but has great irregularity of bowels. Obstinate constipation for several days, followed by diarrhoea for some days together. Is occasionally troubled with nausea and vomiting. May 1st. Patient is able to walk about the garrison for hours consecutively, and has not been troubled with nausea for several days. Appetite good, and is gaining strength gradually. May 9th. The patient has for the past several days, complained of a 'lump' in the umbilical region, which pulsated very distinctly until yesterday, when he said 'it broke', and large quantity of bloody pus was discharged from the anus, seemingly the product of an intestinal abscess. Is very weak, but has no pain in the epigastric or umbilical region. Appetite poor. May 12th. Is gradually gaining appetite and strength again, but for the past several days, an unusual aortic pulsation has been felt in the umbilical region, to the right of the median line, as if from an aneurism. June 6th. Patient does not suffer so much from the gastric disturbance, but it is now ascertained that he has an aneurism of the abdominal aorta, and efforts are being made to get him transfered to the Soldier's Home. June 12th. Three days ago the patient was seized with spasm of the abdomen, followed by delirium, active diarrhoea, and extreme prostration, with typhoid symptoms, but was recovering therefrom,

when he died suddenly at 9 A.M. today, from rupture of the aneurism.

A post mortem examination made three hours after death discovered the rupture of a large arterial sack, which was adherent to, and had caused partial absorption of, the 2nd. and 3rd. lumbar vertebrae. A large quantity of blood was effused into the abdominal cavity. June 16th. A portion of the diseased vertebrae and aneurismal sack attached, together with portions of the artery above and below, were today placed in a glass jar, filled with dilute alcohol, and forwarded to the Surgeon General, by express, for the Army Medical Museum.

(Sgd.) Theodore Acland
Act. Asst. Surgeon U. S. A.
Post Surgeon."

Remarks on Monthly Report of Sick and Wounded, Jackson, Miss., Department of the Gulf. Command present, co. B', 16th. Infantry. June. 1873.

"The case, Private David Kellar, co. D', 16th. Infantry, of death from dyspepsia, reported on first page of this report, was complicated with aneurism of the abdominal aorta, the rupture of which caused his death (suddenly) on the 12th. June, instant. A post mortem examination made three hours after death, discovered the rupture of a large arterial sack, which was adherent to and had caused partial absorption of the 2nd. and 3rd. lumbar vertebrae. Specimen of ruptured aneurism and vertebrae attached, were [?] forwarded to Army Medical Museum, on the 16th. instant, and receipt therefor received at this office on the 20th. instant.

(Sgd.) Theodore Acland,
Act. Asst. Surgeon U. S. A.

No. 1176. C.2.S.2.C21. 8602a

Aorta with two aneurisms, one at the superior extremity of the thoracic aorta, one at the origin of the coeliac axis.

"Recruit Peter McCann, a spare but hardy looking man, age about 35 years, was admitted to the hospital at the Cavalry Depot, St. Louis, Mo., April 24. 1873, complaining of pain in his back. He had served two enlistments in the cavalry, and had never had any serious illness.

Some eight or ten days after his admission he accidentally discovered and called attention to a ~~pul~~ pulsating spot in the region of the stomach, and the medical officer in attendance, on examination diagnosed an aneurism. Subsequent examinations disclosed a pulsating distensile tumor, the size of a small orange, in the median line, some two inches below the ensiform cartilage. This tumor could be circumscribed with the fingers very distinctly, but no aneurismal thrill could then be distinguished in it. It was deemed most likely that the coeliac axis was the seat of the aneurism.

The patient's general health was fairly good; he complained only of pain in his back and occasional headache, but had no other ailments whatever.

By the middle of June the abdominal tumor had somewhat increased in size and an aneurismal thrill could now be distinctly perceived. At this time he complained more frequently of severe headaches, which he said prevented sleep. The patient had a fair appetite and walked about daily. Repeated examinations showed the heart to be free from disease, and there were no other signs of disease whatever. Tracings with

the sphygmographs of the right radial and left ulnar, and of the right and left femoral arteries are herewith sent; they were experiments, and the sudden death of the patient prevented more artistic tracings from being taken. The pulsation of the radials was feeble, and on the left side was scarcely perceptible, whilst the ulnar of the left side was prominent.

July 4th., 1873, in the evening he went out to see some friends, and as was subsequently learned, became intoxicated. At daylight the following morning he was observed to get up and get a glass of water. At about 6.30 A.M., a comrade, thinking he had slept long enough, went to his bedside, and found him lying composedly on his back, dead. He had made no noise or struggle, as no movement was heard by a patient in a bed only four feet from him, who had been awake since daylight.

Autopsy 4 hours post mortem: The lungs were perfectly healthy, not even an adhesion being found. The left chest was filled with blood partly coagulated, which was found to proceed from a rupture of the aorta at a point opposite the upper part of the heart. The tumor in the abdomen occupied the site of the coeliac axis and was intact. The other organs were healthy. The specimen is complete and no detailed description is therefore given. In the specimen the incision in the thoracic aneurism has been made only on the cardiac side. The thoracic aneurism is believed to possess especial interest in several points. The abdominal aneurism is opened also only towards the cardiac side. A very small annular calcified mass, (the size of the ulnar artery perhaps), was found on the exterior of the abdominal tumor. Specimen and history are forwarded to the Army Medical

Museum.

(Sgd.) B. A. Clements.
Surgeon U. S. A.
Cavalry Depot, St. Louis, Mo.
July. 1873."

(1) (2)

Sphygmographic tracings in the above case. Nos. 1 and 2 show tracings on the opposite side of the card.

No. 1177
C.4.5.3.Q1.
4627

Cancer of left lumbar glands, involving coecum.

"On the 11th. day of May, 1873, John B. Schuch, a youth aged 21, native of Germany, was brought to me for advice. Had not been more than eight months in the country. His parents were reported healthy. His appearance was sallow and sickly. Some time in December last, he began to complain of pain in his bowels with constipation and fulness in the right iliac region. At this time the enlargement is very great, attended with but little pain on pressure; pulse slow, weak and

soft. The testicle on that side is large and fluctuates. His bowels though constipated always responded to evacuants and there was no evidence of either invagination or stricture. The tumor was hard and the fingers could circumscribe it. Under these circumstances my diagnosis was — a tumor of considerable size within the abdomen; and from his complexion — position, most probably medullary in its character. This was the opinion I gave to the uncle, and that neither medecine nor surgery offered any prospect of cure; and advised he be sent back to his parents in Germany and let him live as long as possible. He was subsequently taken to one of our eminent physicians, who mistook this tumor for impacted faeces and pronounced it curable. He was seen by four or five other physicians of high standing in the profession, and all agreed to the diagnosis of impacted faeces. He was accordingly subjected to the treatment usually resorted to in such cases, and his bowels being loaded, large quantities of feculent matter were discharged; sustaining my diagnosis that there had neither been invagination nor stricture. The purgative plan was pursued until mucus and blood were discharged. Then a stomach tube was introduced as high as possible into the colon, and enemata thrown up, hoping to dislodge the supposed focal matter. Under this treatment, the pulse became more frequent, abdomen tender on pressure and largely tympanitic, and in a short time the case was closed. The post mortem was conducted by Dr. Lamb of the U. S. Museum and I give the results in his own words."

July. 10.

J. B. Fisher, M.D.
Washington, D.C."

"Autopsy No. 152. For Dr. Howard Barker. A. F. Lamb. 1873. June 9.

"White man, age 21; died June 7. 1873 at 11 P. M. Autopsy (June 9, at 10 A.M.) 35 hours after death: there was general puffiness of the tissues; skin varied from pale to dark red and blue color; numerous blebs [of air?] were seen in various parts of the body, some of a diameter of three inches and 1½ inch elevation; thick, dark red fluids issued from the nose and mouth.

The head and chest were not examined internally.

The opening of the abdomen was attended with a report like a pistol shot; the intestines were filled with flatus; thick, dark red fluids issued from the cavity of the peritoneum; some redness was noticed on the exposed surfaces of the intestinal convolutions and omentum; a few flakes of lymph were found lying on the intestinal peritoneum in the hypogastrium; the last six inches of the ileum, the caecum and ascending colon to the hepatic flexure were removed, and constitute the specimen; the pigmentation of Peyer's patches of the ileum was marked; the ileo-coecal valve had been stretched out of its valvular form, and its walls, as well as those of the coecum and ascending colon were much thickened; the vermiform appendix was much dilated, having a diameter of nearly an inch; its walls were discolored a dark blue, and in the tract, appeared some colorless frothy liquid; a slough an inch in diameter was found at the outlet of the appendix, where the caecal walls had thinned so much as to rupture in manipulation; the slough was studded with coffee ground looking particles; the wall of the right side of the caecum was dissolved.

cum was thickened with a whitish, firm, like fibro-cartilage, mass, its entire thickness amounting to half an inch; the walls of the left side of the caecum were much more extensively thickened, but were also involved in a mass composed mostly of a transformation of neighboring lumbar glands, the mass extending and attached to the fascia on the right side of the spinal column, and also extending upwards and downwards in total length about eight inches, and in width about three inches; this mass possessed a scirrhous character similar to that of the right walls; there was quite a large amount of fat found in this solid tumor, not far beneath the surface; near the hepatic flexure, the ascending colon showed a large group of conical elevations projecting into the lumen of the intestine, and having a length of half an inch. The liver had a slate brown color. The removal of the tumor was performed by cutting through the scirrhous mass close to the spinal column and following approximately the curve of the inner side of the ribs. No further examination was made, in view of the stage of decomposition at which the tissues had arrived. The removed specimen already emitted a very offensive odor and showed many small (air?) vesicles.

The large intestine as far as examined contained semi-fluid yellow feces."

Contributor,

See Microscopical Section, No. 6432.

No. 11178. C.5.3.5.E.51. 8628

Six-months foetus.

"Washington, 310 E. st.
Oct. 11th. 1873.

Dr. J. J. Woodward,
Sir,

The following is the history of the specimen which I presented June 28th. Mary W., 30 years, white, single, third pregnancy, one child alive, second miscarriage. This miscarriage took place June 28th. 1873. It was caused by washing and lifting the tubs. The foetus was almost in the world when I arrived so I cannot give any of the preceding symptoms except that she had considerable hemorrhage. The foetus was about
She died on the seventh day after delivery from metritis.

Very respectfully
(Sgd.) H. L. Magruder, M.D."

Nos. Aortic valves with calcareous deposit.

11179 8629 C.2.3.1.D.256.

11180 8630 C.2.3.2.D.2. Spleen with calcareous atheroma of splenic artery, which presents two small aneurismal dilations.

11181 8631 C.5.3.5.C.18. Ovary converted into a cyst.

11182 8632 C.4.3.5.I.22. Gallstone composed of inspissated coloring matter.

"Mrs. Mary A. Mount, white, widow, age 77. The following statements constitute all the points of professional interest in a lengthy history, written a few years ago by the patient:— In 1838, when in her 42nd. year and while in perfect health, her menses ceased. At the next monthly period her face flushed and head pained. She took

some cooling medecine, with what effect, not stated, but probably with relief. During the succeeding month, she was busily employed. At the next period her lower limbs became exceedingly painful, the pain appearing to her to be more in the nerves than in the bone. She was bled, and had a sick sweat, which, she writes, threw all the pain to her head. A blister was now put on the back of her neck, and she was confined to a strict diet of weak tea and bread for six days, but without relief. On the seventh day, leeches were applied to the neck, and the pain then removed to the leech-bites.

Slices of bread soaked in lead water were applied to the head. For the first time since her last menstrual appearance, she slept soundly. On awaking however, there was strabismus and inability to speak or swallow. Cups were applied but they seemed to make her worse. Sleep however continued for some time to be sound. She was bled every month, because of the determination of blood to the head, which was sometimes followed by swooning. Once having risen from the table to reach to something on the mantle piece, she felt the pressure of the blood in the head and swooned as usual. The blood drawn from the arm was black as ink and spirted a yard. At another time, while sitting at table, she felt as if she was being choked, but sat perfectly erect, though unconscious for about ten minutes. After suffering as described for about five years, she was bled in the feet, and afterwards had no return of the previous symptoms. She now however suffered much with her feet, and was compelled for several months to sit with them propped up in a chair. Her ancles

were much swollen and the arch of the foot obliterated. She was advised to travel, which latter she did, and also took Bullen's Panacea. This medecine she believes did her much good, but having one day imprudently taken a cold bath, she again became worse. She used calomel and jalap and got better. Being threatened with dropsy, she continued to travel, and her health improved.

"In 1862, while in Alabama, she contracted rheumatism. Professional treatment was defered until she returned to Washington in 1865. She was then treated with a pill of colchicum, colocynth, calomel and hyoscyamus, and soon became entirely free from pain. She was however still troubled at the first and middle of each month. Her head seemed to be most affected the first of the month and her heart in the middle of the month. At times the beating of the heart was almost imperceptible, and then again, there was palpitation. Had also severe pain either in or about the heart.

"She believed that the loss of sons and daughters, the loss in each case being without warning, had much to do with her heart trouble.

"Just before the change of life commenced, her first married daughter died in first confinement. Mrs. M— lay insensible for an hour. When returned to consciousness, 'her heart and stomach worked like a bellows.' Her courses appeared afterwards only once or twice. She was of very full habit but she time.

"About the time of cessation of her courses, she had a fall, hurting the 'tendon and nerve of the hip.' After a week of great suf-

fering, the hip was blistered but without relief. She had no appetite and became weak. One night she found she was unable to speak, and her symptoms were altogether such as to induce her friends to believe she was dead. She was rubbed with warm brandy, had administered some ammonia, and the pillows were removed from under her head; during all of which she was perfectly conscious. She now breathed easier, and more ammonia being given, she recovered.

"At another time, during a monthly sickness, she got very wet from a drenching rain, and a 'disease on the lungs' supervened. She expectorated 'a pint of expectoration every night.' From this attack she entirely recovered. [I ascertained that the main ingredient of the expectorant she used, and afterwards lauded very highly, was Indian turnip.]

"One of her labors was attended by copious flooding, and she became unconscious; but revived when the windows were opened, and the cool night air suffered to blow on her.

"The last few years of her life, she suffered much pain and weakness after walking, great flatulence at night, becoming constantly more distressing, and each attack attended by a great flow of urine; she had also cramps in her feet and pain in one side of her head."

See Original Mss. for her statement in full.

I saw this patient for the first time in 1866. She was a widow, white, age 70, and the mother of quite a number of children, most of whom had died; she was quite fat, weighing on an average 250 pounds; her height was about 5 ft. 4 inches. She complained chiefly of stiffness of the joints, swelling of feet and legs,

weakness, shortness of breath on exertion, and some dyspeptic symptoms, more especially flatulence; she had also pains in her limbs on the approach of wet weather, relieved on the precipitation of the rain; and invariably also complained of general suffering at the beginning and middle of each month. She had been before the late war in quite comfortable circumstances, but for the last years of her life, depended much on the kind offices of friends. On account of her age and indigence, I was able to do no more than keep her measurably comfortable. The treatment consisted of various anodyne liniments to the limbs, applied by friction; bandaging which gave great support and much relief from the swelling; aperients and astringents occasionally; the pill mentioned above, which relieved pain to a great extent; tonics and stimulants; carminatives when particularly required; and some directions regulating her diet; with an injunction to take a great deal of rest, either sitting or lying down.

It was early noticed that the pulse was intermittent, one beat out of four usually not being felt. I thought from this symptom, and shortness of breath and abundant fat, that she had a fatty degeneration of the heart. The swelling of the lower limbs, I attributed to her age, weight, and general weakness. Auscultation gave no sign of disease; indeed it was difficult to make out more than the past of two sounds, she was so fat. The fortnightly disturbance, I considered an instance of the perpetuation of a nervous influence, after the menstrual exciting cause had ceased.

In addition to the symptoms men-

tioned above as pointing to disease of the heart, it may be stated that there was some loss of power in the left arm, slight ptosis, and deviation of the left angle of the mouth, all apparently from cerebral trouble, but as appears from the cases of Drs. Chalmers and Abercrombie, might have originated in fatty heart. The attacks mentioned by the patient herself of loss of speech and motion, but with partial or complete presence of consciousness, I presume might also argue to the same conclusion. She had palpitations, produced by, for her, undue exertion; and also complained of uneasy sensations and even pain around the heart. I am satisfied however that much of the latter was due to flatulent distension of the stomach or colon or both, from the fact that as the flatulence diminished, the heart trouble also diminished. The pulse was feeble, but not rapid; irregular however and intermittent as above stated. I attempted to use both the sphygmograph and stethoscope, but with no satisfactory result. I do not think she ever had haemoptysis; and the comparatively insignificant swelling of the legs and feet, with entire absence of dropsy elsewhere, and the rapid removal of that in the lower extremities by a diarrhoea of a few days, led me to think there was no valvular disease. I never observed that she had any dyspnoea on lying down.

There is no history of biliary colic, which is accounted for I presume by the gall-stone found having been probably a long time in forming, never attempting to pass into the intestine and never having any fellow-calculi.

I know of no symptom pointing to the calculous accumulations in the pancreatic

ducts. [?].

Whether the degeneration of the ovary would explain any of the symptoms of the patient, I do not as yet have any opinion.

For about three months before her death, she had about every week a diarrhoea, which sometimes seemed to be induced by a failure to digest some article of food. The stools were usually thin; sometimes yellow, at others green, at others very dark. There was seldom any straining; on the other hand the faeces were commonly passed quite easily and comfortably. Pain was not a prominent symptom, and there was no vomiting, only a slight nausea. These attacks were followed by the removal of the dropsical swelling from the limbs.

May 30, the now frequently recurring diarrhoea, appeared as usual. Before, reliance was placed upon rest, diet and paregoric, with whiskey and water, to check the discharges, and uniformly with success. This time, I ordered bismuth, and she took it, in addition to the previous treatment. Suddenly, about 9 P.M. the discharges became very frequent and copious. She went rapidly into collapse; cold, clammy sweat; Hippocratic countenance, In the morning, a physician nearby was called, and gave her pills of camphor, opium and minute quantities of calomel; and Parish's camphor mixture. When I saw her about noon, she was conscious, weak, cold; pulse weak, regular; discharges less frequent.

Artificial warmth was applied to the lower extremities; medicine continued; wine and afterwards brandy in small quantities frequently repeated; wine and

milk, and beef tea administered in the same way as the diffusible stimulants themselves; there being a great craving for ice water and complaint of burning inside, crushed ice was allowed in small quantities and occasionally a little ice water.

Except that she rallied a little now and then, the cold sweat passing off, the Hippocratic countenance disappearing, and the forhead (and it was hot, also the feet) becoming warm; there was a pretty constant diminution in the strength of the pulse, and failure of general strength. She died June 1 at 6 P.M. There was no death-struggle.

It may be of interest to state that the only living daughter of deceased, is a sufferer from periodical attacks of biliary colic, and also, what have been called by some, chalk-stones, on two or three of the toes.

Autopsy No. 151.

Died June 1 at 6 P.M.

Autopsy (June 2 at 11 A.M.) 17 hours after death: slight rigor-mortis in lower extremities; left angle of mouth very distinctly drawn upwards; deg. oedematus; skin sallow, posteriorly showed lividity; body cold; height about 5 ft. 4 inches; weight probably 180 pounds.

Head not examined.

Fat was found abundantly deposited in the connective tissues of the walls of the thorax and abdomen, and around the heart, kidneys, and intestines; the greater omentum was a mass of fat 1½ inches thick, and the mesentery and mesocolon were also filled with fat.

Pericardium was not noticed to contain any fluid, and except that there was a half inch thick mass of fat upon the heart, that organ was externally normal. The heart-substance was fatty and soft, but the walls were scarcely thickened; the contained blood was quite dark and fluid; no clots were noticed; the organ was hypertrophied and quite flabby. The pulmonary and tricuspid valves were healthy, but the aortic valvular segments contained calcareous deposits, and a few similar deposits were found in the mitral valve. The aorta above the valves showed whitish atheromatous patches.

Pleural cavities contained no noticeable fluid; lungs were healthy anteriorly, darkly congested posteriorly, but were rather friable, probably from advanced post mortem change; there were slight adhesions at apex of right lung.

Right kidney not examined; left kidney smaller than normal and flabby; its cortical substance thinned; the tissue was quite pale, except the numerous points of very dark congestion, which were scattered over the cut surface. Spleen of normal size and appearance; there was slight lobulation at the margins.

The small intestine was in almost its entire tract, thoroughly and darkly congested; the large intestine was stained a brownish-green from similarly colored faeces, which in the upper portion were mainly fluid, but in the rectum were soft solid. The coats of the intestines were stained darkly in points by post mortem change. A section of the small intestine, about midway of the tract, was cut out at random, and showed the villi quite distinctly, and a diverticulum a half inch in breadth and length. A portion of

caecum showed minute follicular ulceration of its entire surface. A section of transverse colon showed similar ulceration. Remaining intestinal tract not examined. Stomach except that it was darkly stained, appeared healthy.

liver dark, soft, left lobe hypertrophied anteriorly; on the upper surface, nearly over the gall-bladder, was a cicatrix an inch long and averaging about three lines wide, supposed to be from a small-sized abscess. Gall-bladder contracted, of a greenish color externally, its mucous membrane thickened, roughened and stained yellow; in the cavity was an irregularly oval calculus (inspissated bile?) of a brownish color, with rough prominences; it measured in its greater diameter , and weighed 131 grains. Pancreas surrounded by much fat, and its ducts contained a number of calculi of different sizes and very irregular angular shapes. [? see description of 1180].

In the removal of the pelvic viscera, it was concluded to take only the genital organs, the rectum being found filled and distended with soft lumps of dark faeces. The upper pelvic strait was occupied by the rectum and a tumor. In cutting out the desired parts, a small portion of the posterior wall of the very much contracted and empty bladder, was obtained, together with the tumor, and a large mass of fat which surrounded it. The uterus was missed. The fallopian tube of the left side, and a small portion of the probably much atrophied uterus, together with the tumor, constitute the specimen obtained. The tumor is a transformed ovary, is round, two inches in diameter, its walls of thickened fibrous membrane, containing much calcareous

deposit in the inferior half; the contents of the cyst were brownish, cheesy and granular.

The consent of the daughter of the deceased could not be obtained to make a post mortem examination, but the rapid decomposition and already offensive odor afforded a pretext to open the thorax and abdomen, in order to place therein some disinfectant. Advantage was taken of the limited time afforded for this purpose, to make a rapid examination. I much regret that I could not examine the brain; since there was possibly some cicatricial lesion, supposing that I have been mistaken in assigning certain symptoms to the heart as the origin."

The following is Dr Schaeffer's report of the examination of the contents of the ovarian cyst, June 3. 1873. "Consistence like tallow. Color brownish yellow. Microscopically contained cholesterine plates, epithelium, pus, oil granules, granular 'ovarian cells' of Atlee."

D. L. Lamb.

Nos. Cancer of stomach.

1183. 86 33
C.4.S.2.C.21.

1184 Septic kidney.
86 3 4
C.5.S.1.C.23.

"Autopsy No. 149. For Dr. A. Y. P. Garnett. D. L. Lamb and E. M. Schaeffer. 1873. May 1.

"Hon. James Brooks of New York, age 63, died April 30. at P. M.

"Autopsy hours after death: rigor-mortis well-marked; skin yellow.

"Fat to the depth of 3/4 inch upon abdomen; correspondingly thick upon the rest of the surface of the body and the viscera;

omentum abundantly filled with fat and adherent to abdominal wall anteriorly for a space four inches in diameter at the fpx of the stomach. Adhesions quite firm and old between the viscera in this locality; similar adhesions united the liver and spleen to the diaphragm over the greater part of the superior surface of the former. Liver somewhat hypertrophied in left half of right lobe; substance of the entire organ, pale, bloodless; right lobe fatty, on section cut with a gritty sound, and some colorless fluid exuded; left lobe on section smooth, fatty. Gall-bladder empty. Spleen smaller than natural, bloodless. Pancreas firm. Stomach as in specimen, dilated in its cardiac portion, and mucous membrane pale, smooth to within six inches of the pylorus; from this point to within a half inch of the pylorus, and completely encircling the stomach cavity was a cauliflower cancer; edges in some places a half inch thick, and of a variable breadth, from an inch to two inches; ulcerated within, and with small sloughs; pylorus free from disease, but the subjacent glands were enlarged; the adhesions from the peritoneal surface of the ulcerated portion of the tumor to the left lobe of the liver were particularly firm; stomach contained much gummous fluid. Duodenum; the first few inches of a pinks color, but apparently normal. Remainder of small intestine and the large intestine apparently normal; the only abnormity seen was some congestion in the small intestine of the peritoneal coat at the site of the adhesions. Right kidney of normal size, but showed a number of small cysts and two large ones filled with pale yellowish fluid; the larger cyst was an inch in diameter, and was situated in

the middle anteriorly; the next larger was a half inch in diameter and occupied the lowermost portion; the surface of the kidney was rough, mottled pale and red, and on section the cortical substance presented a similar appearance. Left kidney pale, bloodless, of normal size. All the loose connective tissues of the abdomen were stuffed with fat; on the left kidney the thickness of the fat deposit was from an inch to an inch and a half. Bladder contained some urine.

"Old adhesions of pleurae on both sides; lower lobe of each lung showed slight congestion posteriorly, and also contained abundant colorless serum; lungs otherwise healthy except being destitute of blood; 3 ounces of yellowish serum in left pleura. Heart thickly coated with fat, flabby, substance slightly pale, valves normal except some induration at the base of one of the pulmonary segments. Aorta, first two inches showed abundant atheroma. Pulmonary arteries patulous. Large red and white firm clots in both sides of heart, extending into great vessels. Pericardium contained 2 ounces of clear serum.

"Specimens of stomach, pancreas and right kidney taken.

"For microscopical section, section of heart, liver, spleen, pancreas, each kidney, and cancerous tumor."

See Microscopical Section, Nos. 6146 to 6150 - liver.
6411 - pancreas
6412 to 6416 (No. 1183).
6428 to 6431 (No. 1184).

No. 1185

Cancer of liver. Two slices of the liver, full of cancer nodules varying from the size of a pea to three inches in diameter.

Washington, D.C. Nov. 1st. 1873.

C.4.S.5.F.16.
Y685

J. J. Woodward M.D.
Asst. Surgeon U.S.A.
Supt. Army Medical Museum,
Sir:

In compliance with the request of your assistant, Dr. D. L. Lamb, I send a history of the case of Mrs. R—, who had been under my professional care and from whose body the pathological specimens left at the museum were removed.

Very respectfully
Yr. obt. svt.
J. W. H. Lovejoy.

"On. Sept. 20th., in company with Dr. L. H. Liebermann I first saw Mrs. R—, aged 57. He had been in bad health for about two years, during the greater part of which time she had been under homoeopathic treatment and supposed that he was suffering from dyspepsia. He had had, during that period, frequent and profuse night sweats, but had attended to business regularly, until about three months before sending for us when he was for the first time confined to the house and from that date chiefly to his bed. He had discharged his homoeopathic attendant and called in the two physicians under whose charge he was when we were called in. We understood that the affection had been diagnosticated differently as impaction of the colon with faeces and cancer of the stomach.

"As far as we could ascertain he had enjoyed good health until within a few years, that there was no hist-

ony of any cancer, tubercular or other constitutional disease in his family, the members of which were as a rule long-lived; and he himself had been always of temperate habits.

"We found him emaciated and debilitated, with a pulse regular and 120 in frequency; his tongue was glazed, red, and devoid of epithelium. He had nausea and no appetite.

"On examination we discovered a firm, lobulated tumor occupying the region of the liver and extending across the epigastrium much beyond the middle line and downward about an inch and a half below the umbilicus, encroaching on the right side upon the iliac region. The dulness on percussion began, in the line beneath the nipple, in the fifth intercostal space, slightly obscured there by the overlapping lung, was complete on the sixth rib and continued below the level of the umbilicus. It was evident that the tumor did not encroach upon the thoracic cavity, as the line of upper dulness was not higher than that normally produced by the liver. This tumor was evidently the enlarged and organically diseased liver, the sharp edge of which could be distinctly felt below the umbilicus. There was no tenderness on moderate pressure, anywhere nor at any time, except for a day or two over a very small space, about two inches above the umbilicus and a little to the left of the middle line. There was no pain nor uneasiness at any other spot, and no greater disturbance of respiration than the debility would naturally occasion.

"On the front of the chest upon the

cartilage of one of the ribs near its junction with the sternum on the right was an excrescence about the size of a filbert and another on the rib on the right side of the thorax.

"We were confident that the disease was cancerous degeneration of the liver.

"Under treatment the stools, which were at first very light colored and destitute of bile, became natural and healthy, the tongue became moist and resumed its epithelial coat, the patient lost his nausea and regained his appetite which did not again abate until within about forty-eight hours of his death. During the whole time he slept regularly and well. The regularity of the bowels continued to the last. There was no icterus, nor could we learn that any had ever existed. At no time until within a few hours of his death, was there any variation in the frequency of the pulse, which continued steadily, day and night, at 120 in the minute, only becoming in the last few days very evidently more compressible. This regularity of the pulse and of the appetite was very surprising. He consumed a sufficiency for a robust laborer, of eggs, oysters, beef essence, milk, cream, and a quart bottle of champagne daily, becoming steadily more and more emaciated until he reached the extreme of attenuation and died October 20th.

"Autopsy about eight hours after death: body extremely emaciated, scarcely any adipose tissue beneath the integument of the abdomen. The lungs, stomach, spleen, kidneys, pancreas and intestinal canal healthy. The heart apparently healthy. The liver cancerous

throughout, and the mesenteric glands a mass of cancerous degeneration, surrounding and compressing the aorta and vena cava which passed through the conglomeration. The cancerous mass when incised presented a medullary appearance. The two tumors in the ribs presented an incision a similar appearance.

(Sgd). J. W. W. Lovejoy"

See Microscopical Section, Nos. 6876 to 6880.

No. 1186. Pieces of bone expectorated in a case of caries of the spine.

C.G.S.L. No. 26. C35.1.E4 8636

"The case reported as Cerebro-spinal meningitis [on Monthly Report of October 1873.– Ed.] being one of some interest and having been transfered to Fort Clark, Texas, to his company, I deem it proper to append a short history of his case up to the time of leaving here. Private Jno. F. Walker, co. A, 4th. Cavalry, enlisted May, 1871, Scotch, 35 years, a clerk, intemperate. Father died at 87 of paralysis, mother at 50, disease unknown; four brothers and one sister (three older and one younger) all living.

"Health commenced to fail in August 1872, in the field. Commenced with general loss of strength, a tired feeling, followed soon after by a slight hacking cough, with no expectoration; flashes of heat and chilliness, and occasional night sweats. Came under treatment September 1st. Dr. R. Schoate, Act. Hpl. Surg. U.S.A. diagnosed tubercular deposit in the lower lobe of the left lung. About September 14th. commenced to feel occasional pain and 'sensations as if ice were being rubbed up and down the spine', especially in the lumbar regions.

"September 16th. The patient was admitted to field hospital under treatment of A.A. Surg. A. J. Culver, U.S.A., who diagnosed lumbago, but the pain in the back became so intense that the diagnosis was changed to cerebro-spinal meningitis. Neither the brain nor the upper portion of the spinal column however were involved. The dorsal and lumbar portions of the spine were exceedingly tender and painful; scarcely any motion of the back could be tolerated and the patient turned in bed by the aid of his hands taking hold of the head piece and pulling to relieve pressure between the vertebra. There was no paralysis or alteration of sensation. The cough was slight and no expectoration, appetite bad, bowels regular, mind clear. The patient had a hollow made in the straw for his back which was most painful in the lumbar region. With this arrangement he could lie on his back or right side, but not on the left. Patient was so much better as to be moved October 11th. to Fort Griffin and thence to this post on the 23rd. On arriving here his pains had so far left him that it was considered prudent to allow him to resume his duties as clerk, but he immediately went on a spree and all his symptoms returned. Oct. 29th. with increased violence. He was admitted to hospital and the diagnosis of cerebro-spinal meningitis was entered by Act. Hpl. Surg. J. R. Gregory, U. S. A. in charge.

"General prostration, flashes of heat and chilliness, burning sensations of the palms and soles, rigidity and excruciating pains of the dorsal and lumbar regions, with occasional remissions of relief, marked the case until Nov. 18th, when it came under my charge. The

patient was confined to bed on his back and complained of great pain on the slightest movement which he partially relieved by grasping the head piece of the bed and making extension with his hands. There was loss of appetite, great emaciation, slight fever; increasing towards night, occasional night sweats, slight hacking cough without expectoration, bowels regular, tongue clean, pulse slightly accelerated and feeble, temperature varying from normal to one degree above. On physical examination of the back there was marked prominence of the 5th. lumbar, 1st. and 2th. dorsal vertebral processes. The spine between these was curved forward and completely rigid so far as the patients voluntary efforts were concerned. These points were very tender and painful and the patient was unable to bear the weight of his head and shoulders upon the spinal column in a vertical position.

"The respiratory murmur was every where normal except over a small space opposite the 8th. dorsal vertebra and to the left side of the spine behind where there was a slight roughness deeply seated.

"There was no marked alteration of motion or sensation and no signs of a psoas or lumbar abscess appeared. An intermittent fever appeared about the end of Nov. which yielded to quinine, and the patient was put upon cod liver oil and arsenic, with generous diet and perfect rest. Dec. 4th., the patient was seized with a sudden and violent fit of coughing and after considerable efforts discharged a piece of bone, which was described as flat, smooth on one side and rough on the other, about a line in thickness and about a quarter of an

inch square, and within the next 24 hours, some 18 pieces varying from the size of a millet seed to that of a split pea, of various shapes, were coughed up. All these pieces were thrown away and I was not informed of the circumstance for some time afterwards.

"During the month of December, the patient steadily improved and by the end of the month was able to sit up. Jan. 11th. '78., the patient coughed up a small piece of bone which was shown to me; and from this time on the pieces were saved and are this day sent by mail to the Army Medical Museum with a reference to this report.

"Jan. 14th. two small pieces of bone were discharged in a fit of coughing. Jan. 21st. greatly improved; very little cough; and no expectoration; gaining strength every day; pulse 82; walking about the building and out of doors. Continue the cod liver oil and Fowler's solution, and generous diet.

"Feb. 16th. Has been walking about for a month without much cough or fever; is gaining flesh every day, still taking cod oil and Fowler's solution of arsenic. This morning was suddenly seized with a pain which he referred to the lower dorsal region and which excited cough and after a severe struggle of some minutes, a small irregular piece of cancellated bone was discharged of about 2 grains weight. Feb. 18th. Feels unusually well; no cough; no pain; walking out; pulse 95; sense normal. Feb. 21st. Discharged another small piece of bone after a fit of coughing; otherwise feels quite

bright; appetite good; pulse normal.

"From this time the patient continued to go about and was given a little writing to do occasionally. He went on two or three short sprees during the summer and in June had a sharp attack of diarhoea. In September the chills returned and were broken up with quinine. Several small pieces of bone were discharged at intervals; the last one noticed was August 8th. 1873. The prominence of the lumbar vertebra disappeared and that of the 8th. dorsal was considerably less than formerly; and the spine had quite recovered from its rigidity and tenderness. On the whole the patient was greatly improved and there seemed with prudence on his part a fair probability that the tubercular deposit was about to cease, for a time at least.

"Oct. 5th. 1873. Transferred to Fort Belknap Texas, where his company is serving."

(Sgd.) W. H. Forwood,
Hospit. Surgeon.

See Microscopical Section, Nos.

No. 1187.
C.4.S.3.N.25.
8637

Taenia. 7 feet long.

"Post hospital,
Ft. Leavenworth, Ks. October 25. 1873.

Surgeon General U. S. Army,
Washington, D.C.

Sir:

I have today forwarded by the U. S. Express Company to Army Medical Museum, two specimens of tape worm passed after the administration of capsules of the oil of male fern and kamala.

* * * * * * * * *

"The other specimen is from Private Sturdy, Comp. "A", 5th. Infantry, who has passed disconnected joints for six years. They were first observed while crossing the plains. This was soon after his immigration to this country from Dublin. He has been treated at Forts Stanton, Wallace and at this post previous to my service here, but without benefit until the present occasion when the oil of male fern was probably used for the first time.

"The treatment in both cases was the same as reported in the communication referred to [August 11. 1873. See specimen No. 1170 + 1202] viz.: with Dick's capsules of male fern and kamala.

Very respectfully,
Your obedt. svt.
(Sgd.) W. E. Waters.
Asst. Surgeon U. S. Army."

No. 1188.
C.4.S.3.N.26.
8638

Tapeworms with heads. 23½ feet.

"Willet's Point.
Sept. 8th. 1873.

Dear Doctor:

* * * * *

By this mail I send you a small vial containing the heads of two tapeworms.

Last June, the patient furnishing these specimens first became aware that he was a parasite bearer. I gave him one drachm of oil of male fern, which expelled five pieces of worm (about thirty feet in all), each piece having the appearance of having

come from a different worm. No head could be found and none of the fine joints of the neck were passed. The remedy was again administered, as also kousso and kamala, but without benefit.

"A few days ago joints were again observed in the stools, and about two hours after the exhibition of three drachms of male fern, three worms were passed, together with three detached heads. The worms measured 22 ft., 15 ft., and 14 ft. respectively. As there is reason to believe that five worms were present in the patient last June, it is quite possible that he has not yet got rid of all of his disgusting guests. I believe it is quite unusual for more than one tapeworm to exist in the same patient at the same time and I do not remember to have read of more than two being present in any case. This is the fifth case of taenia that I have met with at this place and until I came here I had never seen one.

"My experience has convinced me that the oil of male fern is the best of all the tapeworm remedies. It should be given in large doses (2 or three drachms). The patient should be fasting, although Lebbock says he need not) and the bowels should be previously cleared out by an active cathartic. I would like to know if you can determine positively to what particular species this tapeworm belongs, and whether it is a beef, pork, or mutton tapeworm, as described by Lebbock. I have some specimens of tapeworm (bodies) which I can forward if you can make any use of them. The frequency of the occurrence of these parasites at this post would seem to indicate

that the meat consumed here is unusually measly, and therefore I wish to know whether they are derived from the pork, beef or mutton.

× × × × × × × × ×

Very truly Yours
(Sgd.) C. C. Byrne

To Supt. Surg. J. J. Woodward U. S. A.
Army Medical Museum, Washington, D. C."

See Microscopical Section, Nos.

No. 1189. Diphtheritic cast. Removed through the wound for tracheotomy.

C.B.S.1.D.25.
3 1 25

"27 Dudley St.
Boston [Highlands] Mass.
March 3. 1871.

8639

Bvt. Lt. Col. J. J. Woodward U. S. A.

Sir:

I send herewith the specimen of croupal or diphtheritic cast or membrane which was offered and accepted by you for the Army Museum some months since. It is a cast of the trachea and of the principal bronchia of the upper lobe of the left lung. The case was of course in an adult. I he begged me, being at the time in articulo mortis, to perform tracheotomy. The specimen, which, when recent, was nearly one third larger and longer than now, was withdrawn through the wound. Relief was immediate and wonderful; the patient lived 56 hours after the operation, and relief from distress continued till death, although the physical signs indicated that the rest of the left and the whole of the right lung were occupied by similar casts or membranes. If it is at all desirable to

you, I will write out the case, which was in several respects of quite exceptional interest.

× × × × × × × × ×

I remain
Very respectfully
Your obt. svt.
(Sgd.) Henry Austin Martin
formerly Surgeon U.S.V.

No. 1190. C.S.S.S.D.4 Y&E40

Uterus from a case of puerperal peritonitis.

History by Dr. P. F. Murphy. "Julia Worden, colored, age 24, native of Maryland, multipara. Admitted to Columbia Hospital March 25th. 1873. Weak, sickly woman, having been maltreated by her friends. Slept most of the winter outside doors; complains of great pain in side. Delivered of a healthy male child March 26th. Uterus contracted well. Patient very weak. 28th. pulse 120, temperature 103°; slept very little; bowels constipated. Castor oil six drachms oil of turpentine 15 drops, mucilage of acacia and peppermint water, each a sufficient quantity to make a draught. 29th. bowels freely moved; great tenderness over epigastrium. Hot cloths to abdomen with oil of turpentine. Beef tea and milk punch every 4 hours. 30th. pulse 130; temperature 102.5°; tenderness not diminished. Continue treatment. April 1st. tenderness increased; cannot permit bedclothes to touch abdomen. Compound tincture of benzoin and spirit of nitric ether each ~~a~~ half drachm every 4 hours. 3rd. rigidity of abdominal muscles; well-marked peritonitis; pulse 135; temperature 103.5°. 4th. no improvement. Continue treatment. 6th. patient bathed in a cold profuse perspiration; pulse 141. 7th., vomited a dark, thick matter having the appearance of chocolate; sinking rapidly; alae nasi dilated; respiration hurried; cannot retain beef tea. 8th. symptoms the same as day previous. Enemata of beef tea to be given. Died ~~March~~ April 10 at 10 A.M."

Autopsy No. 148. For Dr. F. A. Ashford. By D. L. Camb, Act. Asst. Surg., April 12th. 1873. × × × × × Autopsy 55 hours after death: rigor mortis in extremities; abdomen protuberant and tympanitic; skin warm; froth at openings of mouth and nostrils. Scalp thick; brain firm; transparent, colorless serum beneath arachnoid; sinuses full of dark blood; a small speculum of bone in dura mater over longitudinal sinus. Heart healthy; some straw-colored serum in pericardium. Right lung congested posteriorly; old adhesions at apex; two small, indurated, pale patches, (healed abscesses, degenerated tubercle?) in the apex. Left lung congested and slightly adherent in several places. Some fluid in pleural cavities.

A pint of yellow serum with white flocculi, in abdomen; mentum contained much fat, and adherent to small intestines; small intestine, ascending and descending colon slightly adherent together and to uterus by white curdy lymph. Stomach and intestines full of flatus, serous coat congested. Liver brown, pale on upper surface; patches of congestion scattered through the substance; gall bladder large and full of green bile. Spleen large, slate-colored externally. Kidneys apparently healthy. Uterus 7 inches in length, 5 in breadth, 3 in thickness; serous surface congested and slightly

adherent to surrounding viscera; substance flabby. mucous coat congested, covered with pseudo-membrane in patches; ovaries, fallopian tubes and round ligaments much congested. Bladder congested in patches on its mucous surface; contracted.

Contributed by Surgeon J. H. Thompson
Columbia Hospital, Washington, D.C.

See Microscopical Section, Nos. 7071 to 7073.

No. 1191. C.4.3.2.C.22 8641

Cancer of stomach.

"Judge Richard Fields consulted me in October 1872 for an attack of dyspepsia. His symptoms were inability to digest the most simple food; occasionally vomiting; constant constipation; great weakness and depression of spirits. He had been a free liver; drank and ate freely. He had been much exposed to all the vexations of life incident to Indian life. For some months previous to his consulting me, he had been unable to digest his food. Satisfied that he labored under a chronic gastric affection, I prescribed the ordinary remedies, which for a time relieved him. I saw nothing more of him until the 17th. of February, 1873. He then complained of great debility, was unable to retain on his stomach any food, more than a few hours; vomited everything he took on his stomach; obstinate constipation; great depression; weakness; but no pain nor uneasiness except a sense of fulness of the stomach after eating; great desire for acids and sweets. I examined him closely; his complexion was sallow or much bronzed; his temperature low; his thirst moderate; his tongue

red and dry; his skin dry; great disinclination to move about; no appetite; his pulse was very weak and he was unable to sit up. Upon examining his abdomen I found a well-developed tumor in the right hypochondrium which I at once pronounced cancerous and so informed his friends. I visited the Judge daily and was more and more convinced of the correctness of my diagnosis. Some days he would take his food, namely rare beef, beef tea, cream &c., and with eggnogg or milk punch, and retain these well for twenty-four hours; then he would be taken with an attack of vomiting and throw up all that he had taken in that time. As his nights were restless and sleepless I ordered him an anodyne, which had the effect of composing him; and as his bowels were confined I opened them with an enema. Satisfied I could only smooth the pillow of death, I resorted to no curative means. I wished only to alleviate his condition. He died on the 26th. inst. in full consciousness of his condition and of his approaching end. One very remarkable feature of this case is that the patient never had the slightest pain in his stomach; he only complained of a slight uneasiness; said he had something alive in his stomach; nothing ever passed from his stomach into the intestines. It is certain everything he took into that organ remained until it was discharged by emesis. Today the 27th. of February 1873, we made an autopsy and found all his organs healthy, except the stomach, which was greatly distended with the fluids he had taken

by the mouth. A large tumor existed in the right (pylonic) extremity of the stomach extending to the duodenum, the character of which we pronounced to be cancerous; but having submitted it to the examination of my friend Dr. Woodward, I will await his report on its character."

Dr. Thomas Miller
Washington, D.C.

See Microscopical Section, Nos.

No. 1192 C.2.S.1.H.7 8642

Heart with clots; from a case of pneumonia.

"William Watson, Private, 'D', 21st. Infantry, age 28, admitted July 16. 1872, diagnosis - inflammation of lungs. This patient was reported on company sick report on the morning of the 16th. at which date he was admitted to hospital. Pulse 90; respirations 23 per minute. His disease had been diagnosticated pulmonary tuberculosis, for which he had been taking cod liver oil &c. prior to arrival at this post (15th. inst.) The patient suffered from oppression in breathing and troublesome cough, but no purulent expectoration. Was ordered quinine six grains, a tonic cough mixture, and allowed a small quantity of whiskey during the day. 17th. and 18th., condition apparently the same. Continue treatment. 19th. passed an uncomfortable night and was unable to leave the bed in the morning. Breathing much oppressed. Pulse 120; respirations 30 per minute. Diagnosis - inflammation of lungs. Ordered chloral hydrate ten grains which seemed to produce temporary mental excitement without any good effect. The patient becomes gradually worse, a larger portion of the lungs apparently becoming involved. Continue treatment and increase allowance of stimulant; counter-irritation over left side; tincture iodine covered with flannel and piled sicks. 8 P.M., pulse 120, weak and compressible; respirations 34 per minute; expectoration viscid, tenacious, containing some blood, but more streaked than diffused, as in pneumonia. The urine, acid, gives copious precipitate of chlorides, no albumen. The patient has been carefully watched and stimulated with brandy in doses as indicated. Also ordered eggnog. Saturday 20th. 2 O'Clock A.M., worse. Pulse 125, weak and compressible; respirations 40 per minute. Continue treatment and add to prescription carbonate of ammonia in three grain doses as often as indicated. 10½ A.M. pulse 110; respirations 50 per minute. The patient gradually became worse and died rather suddenly at 4 P.M.

"July 21st. Post mortem 16 hours after death. Rigor mortis well marked; muscular development very good with little if any emaciation. Inflammation involved the middle and inferior lobes of the right lung and the apex and upper portion of the superior lobe of left lung, the apex of which was solidified and held by pleuritic adhesions. At the upper portion of the lobe (the left superior) were several bronchial and a number of small tubercular masses. The posterior surface of the middle lobe of the right lung felt hard and nodulated when the fingers were passed over the surface and on dissection presented a number of hard isolated, unbroken masses which sunk when thrown in water. The pericardium contained about one ounce of clear amber colored fluid and the heart em-

tained three tough white fibrinous clots. The liver was normal in weight and apparently healthy. The heart exhibiting the clots; also portions of the lungs have been preserved and will be forwarded by first opportunity to Surgeon General's Office. No microscopical examination of the morbid matter in the lungs was made owing to the post having no microscope."

(Sgd.) Charles B. Byrne
Asst. Surgeon U.S. Army.

Camp Warner, Oregon.
July 1872.

No. 1193. C.2.S.1.C.3. 8643

Heart showing dilatation of left ventricle.
History by Acting Assistant Surgeon J. R. Reily.

"Adolphus May, corporal, Ordnance Department U.S.A., age 45. Diagnosis - dropsy from heart disease. Dec. 27. 1872, dry cough with difficulty in breathing (cardiac asthma). Heart sounds feeble. Direct auscultation; the sounds produced by the action of the lungs in forced and exaggerated respiration were normal, the air entering both lungs freely. Gave iodide of potassium five grains three times daily. 28th., no change in the above. Continue iodide of potassium. 29th., cough decreased slightly; dyspnoea not so great. Continue treatment. 31st., no perceptible change. Continue treatment. January 1st. 1873, considerable pain over epigastric and right hypochondriac region, with constipation. Prescribed mild chloride of mercury ten grains and compound jalap powder one scruple. 2nd., decided improvement, with the exception of the heart sounds which were still indistinct. Gave two drachms three times daily of a mixture of fluid extract of cinchona and gentian, each an ounce and whiskey

two ounces. 17th., the foregoing treatment with tonics was continued till this date when a small quantity of effusion was noticed in the right pleural cavity. Prescribed compound jalap powder a drachm at bedtime; applied tincture of iodine to the right side of the back below the shoulder blade. 22nd., the compound jalap powder was given on alternate days till 26th. 22nd., when oedema of the feet manifested itself. Analysis of urine: reaction acid; specific gravity 1017; no albumen, casts, pus nor blood. Prescribed elaterium 1/4th. grain at bedtime. 23rd., oedema slightly decreased; pulse very feeble. Prescribed brandy two ounces every four hours. 24th., no change. Continue brandy. 25th., oedema slightly increasing. Analysis of urine: acid reaction; specific gravity 1019; no albumen, casts nor pus. Continued brandy; prescribed elaterium, one eighth grain at bedtime. 26th., no change in the general symptoms. February 19th., the oedema increasing, notwithstanding the elaterium was given on alternate days. Continued brandy. 20th., pain in right side with cough and bloody expectoration; effusion increasing. Applied a cantharides blister 4X6 to right side of chest; continued elaterium at bedtime; also brandy. March 4th., the elaterium was given one-eighth grain at bedtime daily, and the brandy every four hours; the oedema and effusion in right pleural cavity steadily increasing until this date when he died."

Autopsy No. 144 at Washington Arsenal, D.C., March 6th. 1873, by Act. Ast. Surg. D. L. Lamb.

"Autopsy — hours after death: white man; rigor-mortis partial. Head not examined.

"Thorax. Right lung nearly devoid of air; compressed by a gallon of brownish serum fluid;

adherent by firm adhesions posteriorly and laterally; lower lobe darkly congested, covered with lymph. Left lung showed some marginal emphysema, most marked at apex; a small quantity of similar fluid in left pleural cavity. Pericardium contained 1½ ounces of clear serum. Small brownish spot on anterior surface of heart; organ weighed with clots 17½ ounces; cavities dilated; wall of left ventricle ½ inch thick, of right ventricle 3/16 inch thick; substance friable; valves of right side healthy; aortic valve showed patches of induration, and similar patches existed in the first half inch of the aorta; for some distance beyond, that artery showed fatty atheromatous patches, of small size; heart stuffed with large, soft black clots.

"Abdomen contained a pint of fluid similar to that in the thorax. Stomach distended with liquid ingesta. Intestines apparently normal. Liver 'hobnail', the condition well-marked. Gall-bladder contained a little greenish bile. Spleen weighed 5 ounces, flat, flabby, slate colored; the lower portion to the extent of a cubic inch was occupied by an infarction of a red-brown color. Pancreas normal. Kidneys each weighed 5½ ounces, and much congested. In the left kidney, was a patch of white thickening of capsule (1/16 inch thick) half an inch long and wide on the anterior surface; a similar patch on posterior surface. Right kidney showed a few small cicatrices."

Contributed by Act. Hpt. Surg. J. R. Reily.
Arsenal, Washington, D.C.

See Microscopical Section, Nos. 6488 to 6494. kidney 6475 to 6478 - liver.

Note [Sept. 21-74]. The white patches referred to above involve the cortical portion, so as to form a little pyramid, which proved on microscopical examination to consist of kidney tissue undergoing chiesy metamorphosis [infarction?]. Around this portion there was some infiltration of lymphoid elements.

No. 1194. C.2.S.2.C.22. 8644

Rupture of aorta. The rupture is situated about ½ inch above the left brachial artery, and was stellate in form. One side of the wound has been snipped away for microscopical examination. Minute fat granules were found between the fibres of the middle coat; but no other abnormity was detected.

Isaac Dabney, age 70, colored, sewer scavenger. For some time previous to death, had occasional sharp pain near right nipple; otherwise health was good. Had been a plantation hand until within about six years. Oct. 11th. 1873, arose early in the morning and began to get breakfast. Had occasion to go to the privy, but in a few minutes came rushing back, with his hands pressing the abdomen, and complaining of colic. A poultice was applied, but in half an hour he died.

Autopsy 3 hours after death: lungs showed emphysema; right pleura empty; left pleura contained fluid blood and clots; pericardium contained a small quantity of serum; between the coats, on the right side was a large quantity of clotted blood; abdominal viscera healthy, a large amount of faces in large intestine. Externally no signs of injury. Skin as in specimen.

Contributed by Dr. D. C. Patterson, former and Dr. D. F. Hartigan.

See Microscopical Section, Nos. 6423 & 6427.

Nos. 1195. C.4.S.3.N.27½ 8645
Tapeworm, 11 feet in length, with head.

1196. C.4.S.3.N.28. 8646
Tapeworm, 16 feet in length, with head.

The first is from a patient named Walker, the second from an unknown patient. Removed and

Contributed by Dr. Henry Wilson,
Washington, D.C.

From Transactions of Med. Soc. Dist. Col.
Vol. I. p. 36.

No. 1197. C.5.5.1.B.12. 4647

Left kidney. From a case of Bright's disease. Autopsy No. 143. For Dr. Johnson Eliot. By Act. Asst. Surgeon D. L. Lamb. January 2nd. 1873. — Greer, age 24, white, male, carpenter. Died at noon January 1st. 1873.

Autopsy 27 hours after death by Dr. Lamb; rigor-mortis well-marked; suggillation posteriorly; body well-formed; blister-marks upon right side of chest and abdomen. Head not examined.

Right lung healthy, but compressed against the spinal column, and void of air; about a half gallon of white purulent fluid in right pleura, containing abundant flakes of white lymph, of variable size, some quite large; lung and thoracic wall coated with patches of similar lymph, which readily peeled off. Left lung hypostatically congested, and pleura contained 2 ounces of colorless liquid. Pericardium contained one ounce of clear serum; heart normal and contained a small white clot in each ventricle.

Liver pale upon the upper surface; margins of lower surface dark slate colored; on section pale, bloodless, rather friable, and fatty (?). Gall bladder nearly white and almost empty. Spleen of normal size, lobulated; capsule pale; substance of a red-brown color; contained but little blood. Intestines healthy. Right kidney weighed 9 ounces, left 12 ounces; both

hypertrophied; cortical substance pale, fatty; intertubular substance thickened. Microscopical examination showed new growths around the Malpighian bodies.

Tissues generally, bloodless.

See Microscopical Section, Nos. 6320 to 6323. 6972 to 6974.

Contributed by Dr Johnson Eliot
Washington, D.C.

No. 1198. C.5.5.5.E.52. 4648

Partly decomposed foetus expelled per anum in a case of extra-uterine foetation. For history, see Philadelphia Medical Times of November 22. 1873.

Contributed by Dr. H. E. Woodbury
Washington, D.C.

See Microscopical Section, Nos. 6327 to 6330. 6451 to 6454.

No 1199. C4.5.3.C.5. 4649

Diaphragmatic hernia. "Anteriorly the large intestine and a portion of the greater omentum were projected through the wall of the diaphragm into the left pleural cavity. Strangulation of this hernia had occured and perforation of the intestine. Posteriorly, through another entirely distinct rupture of the diaphragm, was a hernia of small intestine and omentum."

See Annual Report of Supervising Surgeon of the Marine-Hospital Service of the United States for the fiscal year 1873. Page 115. See original mss. for copy of case in full.

Contributed by Surgeon Thomas J. Mumford U.S.M.H.S.
Port Townsend, W.T.
Thro. Dr. Jno. M. Woodworth, Supervising Surgeon &c.

See also N.Y. Med. J. April 1874, page 402.

No. 1200. C.S.S.1.B.13 8650

Kidneys from a case of puerperal convulsions. Right kidney, extremely small, 2 3/4 inches in length by 2 inches in breadth, and granular. Left kidney, 3 1/2 inches in length by 2 1/2 inches in breadth.

No history.

Contributed by Dr. J. T. Young, Washington, D.C.

See Microscopical Section Nos. 6484 to 6487. 6389 to 6394.

No. 1201. C.S. No.36. 8651

Plaster cast of the deformed head of a new-born infant.

Copy." West Point, New York, July 2nd. 1874.

Surgeon General, U.S. Army.
Washington, D.C.

General:

I have the honor to inform you that I have this day forwarded by express to Washington a box containing plaster cast, sketches and photographs of cast of a child which was born May 22nd. at this post and died the same day after 15 hours life. No post mortem was allowed. The formation of skull, which I am unable to classify, seems to me very unusual and perhaps of interest to the Museum. One of the peculiarities of the case, not represented except by the sketch, was almost entire absence of humerus and general arrest in development of extremities. The facial angle was 103°; antero-posterior diameter of skull 9.5 c.m. [3.705 inches], bilateral diameter at height of supra-orbital arch 10.5 c.m. [4.095 inches], at height of temporal bone 12.5 c.m. [4.875 inches].

Very respectfully,
Your obdt. servant
(sgd.) A. C. Girard
Asst. Surg. U.S. Army.

The following extract is from the reply of Assistant

Surgeon Girard to a letter of enquiry from Dr. Woodward: "I am satisfied that it is a very abnormally shaped head. The occiput is entirely absent and the ear much below the natural level. I cannot imagine how labor could cause the protuberance in the temporal region. The mother is 29 years of age, has been delivered of three healthy children (previous to the foetus refered to) all of whom are alive. The labor lasted 18 hours, no forceps used and, so far as I can understand from the midwife, the presentation was 1st. or 2nd., at least nothing to invite the midwife's attention. I am satisfied that the deformity did not originate during the act of birth. The mother ascribes it to a maternal impression in consequence of a fright."

Contributed by Assistant Surgeon A.C. Girard
West Point.

Photographs of the specimen.

No. 1202. C.4.S.3.N.29. 8652

Tapeworm. Six pieces, total length 18 ft.

Private Arnold Ladaire, co. "H" 5th. Infantry, Dec. 19th. 1873, was readmitted to the hospital, suffering from tapeworm, being his third admission to this hospital for that complaint in last six months. Case specially reported to the Surgeon General by Assistant Surgeon W. E. Waters U.S. Army, August 15th. and October 25th. 1873. [See Museum Catalogue, Medical Section, No. 1170, A. and B. + 1187] Patient complains of frequently passing joints of the worm when at stool. He has the appearance of being strong and not much reduced. He was ordered to take at once calomel 10 grains and powdered jalap 20 grains and ten hours afterwards an ounce of castor oil; to take no food, and tea only for drink. December 20. Bowels were moved five times,

but no joints of the worm were passed. He was given five of Dicks Capsules of Kameela and Oil of Male Fern at night, and again early the next morning; diet as before. 21st. During the last 24 hours, had passed joints of the worm. Capsules repeated ~~nights~~ and ~~a~~ morning; and to take at once oil of turpentine half a drachm and castor oil an ounce; diet as before. Two hours after taking the oil he passed 26½ feet of the worm, all connected, tapering from the broad end first passed down to a very narrow point, but no signs of the head having passed away as far as seen, though it may have been lost in the evacuations. December 22, the patient complains of being weak, with some nausea and retching. He passed a restless night and thinks he has no more worm in him. An ounce of castor oil was given and the same diet continued. December 23rd. After the last dose of the anthelmintic and purgative, he had three evacuations from the bowels but no traces of any more worm. He was ordered nourishing diet, carefully regulated.

The treatment adopted was somewhat the same as when previously in hospital, but it has been much more active. The doses of the anthelmintic were increased and were twice repeated. The starvation has been longer than previously and the purgatives used were much more violent and more or less anthelmintic in their action.

Contributed by Surgeon T. A. McParlin,
Post Hospital, Ft. Leavenworth, Kansas.

No. 1203 C.5.5.5.E.53. 3653

Foetus and membranes, from a case of placenta praevia.

"Mrs. R——, laundress, in the sixth month of her pregnancy with the eighth child, was

attacked December 3rd. 1873 with a slight flooding which ceased of its own accord, being preceded by some bearing down pains. She had received a slight contusion of abdomen on December 1st., which was followed by some bearing down pains, but no flow, till the 3rd. inst., when, while she was washing, she was attacked with a sudden gushing of blood which ceased of its own accord; from that date frequent attacks of slight haemorrhage occurred at irregular intervals but never sufficient to warrant the use of the tampon. The patient was carefully watched and all ordinary remedies used till more severe symptoms were developed or till the hemorrhage became exhausting. Frequent vaginal examinations were made by finger; no presentation could be felt; the os uteri felt soft and somewhat patulous; by speculum no protrusion from the uterus could be seen; a small clot of blood could be seen in the os uteri. Owing to the stage of pregnancy, the os uteri was with difficulty reached, as it was tilted back and high up in the cavity of the sacrum, so much so that it could only be seen by speculum by using the largest sized glass speculum furnished. With Rott's instrument it could not be reached even with the patient on her side.

The case progressed with slight irregular attacks of hemorrhage and with more or less bearing down pains till December 25th., when early in the morning of that date, a very slight escape of the waters occurred with bearing down pains, and which was followed in about two hours from the escape of the waters by a frightful flooding causing syncope and which required to be checked by the tampon. A

small sponge soaked in liquor ferri persulphatis one part to eight parts of water was carried up against the os uteri, and the rest of the vagina packed full of cotton soaked in ice water, which checked the hemorrhage, and then all ordinary means were resorted to, to rally the patient. In about two hours, having somewhat rallied, and the pains become strong and bearing down, the plug was forced away; the tampon was again used but this time it was used through the speculum, the latter being gradually withdrawn as the vagina was plugged up. The latter plug remained up about two hours, when it was forced away by the force of the pains. Barnes' dilators were now used, being well-filled with ice-water. The smallest bag was retained about an hour, when it was forced away and the largest size introduced, which was also retained about one hour, when it was forcibly ejected by a very strong pain. A very rapid dilatation of the os uteri occurred after using the bags; the patient was very much nauseated and vomited several times while the rapid process of dilatation was going on. The flooding ceased almost entirely after the use of the last tampon, and the pains gradually increased in force till a short time after the largest Barnes' dilator was expelled, when the contents of the uterus came away, the placenta being first born with the child resting with its breech on it, and head born last; the whole being enveloped in the membranes, which were almost entire, and more or less distended with the liquor amnii. The placenta at the presenting point was very much contused and more or less lacerated from the long continued contractions of the os uteri on the presenting parts. The child was born dead, the last 'life' was felt a short

time after the slight escape of the waters in the morning. No flooding followed the expulsion of the contents of the uterus. The woman gradually rallied and has made a speedy and rapid recovery." (Sgd.) Jno. J. Marston, Act. Hpl. Surg.

Surgeon T. A. McParlin U. S. Army, Post Surgeon, in forwarding the history, appends the following statement: "I was present in consultation on several occasions and at the time of the delivery with Dr. Marston, and as an undoubted case of placenta praevia, believe it will be valuable as a contribution to the Bureau."

Contributed by Act. Hpl. Surg. John J. Marston, Ft. Leavenworth, Kansas.

No. 1204. C.S.S.S.E54.centas. 8654

Twin human embryos, at about the fourth month, with two distinct but adherent placentas.

Contributed by Asst. Surgeon Elliott Coues, Washington, D. C. Jan. 17. 1873.

No. 1205. C.S.S.S.E55. 8655

Foetus, male, at about the third month. Said to have remained in the uterus for six weeks after life was extinct.

Contributed by Surgeon Dallas Bache, Post Hospital, Ft. McHenry, Md.

8656

No. 1206. C.S.S.S.E56.

Cyst; expelled by Mrs. J— B—, age 26, white; had been married six months (August 1873).

Supposed to be three months pregnant. Pains and hemorrhage came on, followed by expulsion of entire membrane. Ovum found to have slight attachment to allantois [?]. She recovered perfectly, and is expecting to be confined to-day, Sept. 9. 1874.

This was thought to have been a degenerate ovum.

Contributed by Dr. A. Behrend
Washington, D. C.

Nos. 1207. Cystic disease of the kidneys; the left kidney has two separate renal arteries.
C.S.S.1.C.24.
See Microscopical Section, nos. 6855 to 6858.

1208. A portion of the aorta showing the origin of
C.2.S.2.B.8. the double renal artery on the left side. The coats of the vessel are atheromatous.
See Microscopical Section, nos. 6885 to 6890.

1209. Heart with slight calcareous disease of the a-
C.2.S.1.D.29. ortic valves, which are thin and in several places cribriform; the pulmonary valves are also cribriform.

Patrick Donahue, age 77, white, Irish, was an inmate of the "Home for the Aged," under the charge of the "Little Sisters of the Poor." He went around the grounds, had good appetite, and made no complaint of feeling badly at all; occasionally coughed a little. One night about six weeks previous to his death, he fell out of bed. The attendant, upon going to him, found him partially paralyzed, especially in the lower extremities, and in a comatose condition. One of the angles of the mouth (I think the right), drooped a little. By the use of counter-irritants, derivatives and tonics, he somewhat rallied. The sphincters of the bladder and rectum were under no control during the whole attack. He was able to sit up after the first few days and occasionally was able to make himself understood. His appearance was idiotic and silly. The cough did not increase at all, but he had some shortness of breath. He died May 14. 1874.

Autopsy (Act. Asst. Surg. D. S. Lamb) eight hours after death: Rigor-mortis slight in upper extremities, well-marked in lower extremities; quite firm attachment of numerous Pacchionian granulations to dura mater; cerebral arteries atheromatous; brain substance normal; much dark blood in veins.

Six ounces of yellowish serum with several floating masses of lymph in right pleural cavity; upper lobe of right lung contained serum; lower lobe congested, of a red color; about two cubic inches of the posterior lower margin was dark red and solidified. The left lung was adherent everywhere by firm old bands and contained bloody serum. There was a half ounce of yellowish serum in the pericardium; the heart, without clots, weighed 19 ounces; the organ was enlarged; black and partly-washed clots were found in the right cavities, extending into the pulmonary artery; pulmonary valves cribriform. in the left cavities was a large, soft, black clot; there were calcareous deposits in the aortic segments, with incipient ulceration; one segment was cribriform; the mitral valve was thickened.

The stomach and intestines contained gas; the large intestine contained also, dark faeces; these viscera were not opened, but appeared healthy. The liver was mottled pale and brown, and contained but little blood. The gall-bladder was of normal size and full of bile. The spleen was of a red-brown color and normal in size and consistence. The pancreas was small and apparently healthy. The kidneys were cystic; the right weighed six ounces, the left, five ounces; each showed a number of cysts containing transparent serum; the size varied from that

of a pinhead to an inch in diameter; section showed, in addition to the cysts, a dark red color mottled with somewhat large, pale spaces; in the left kidney there was a small whitish tumor about one-sixth of an inch in diameter. The bladder was somewhat distended with urine. The abdominal aorta was atheromatous; about two inches above the sacral promontory was an aneurism about one third of an inch in diameter.

Contributed by Dr. G. L. Magruder,
Washington, D.C.

No. 1210. C.4.5.2.C.23 X6160

Carcinoma of the stomach, the morbid growth involving the posterior portion of the greater extremity as far as the cardiac orifice, which is surrounded by the morbid tissue. The pyloric extremity is free from disease.

See Microscopical Section, nos.

Private James McDonnell, co. "I", 6th. Cavalry, had been repeatedly under treatment either in hospital or quarters. His company arrived here in April, 1873, and he first appeared on the hospital register October 13th. Diagnosis - acute dyspepsia, for which disease he was treated and returned to duty December 2nd., not perfectly well as I learn, but well enough to do duty. His return to duty was somewhat influenced by his leaving the hospital and remaining drunk for two days. Though he continued on duty after this for most of the time until his last admission to hospital, yet he often complained of sickness and pain in his stomach. He was last admitted April 2nd. 1874.

Previous history. He was an intemperate man, and since he has been at this Post, has spent most of his money in liquor. On admission to hospital he was suffering from the effects of a

recent debauch; he seemed nervous, exhausted, complained of thirst and vomited frequently; his bowels were constipated, skin hot. He was treated with anodynes, light diet and a purgative, and improved rapidly. But he now complained of pain in the epigastric and left hypochondriac regions. I diagnosed his case as chronic dyspepsia, and treated him accordingly, with bismuth, anodynes, cod liver oil, &c., together with wine and beef essence, both by mouth and enema. For the first few days the vomiting was constant, when anything entered the stomach; after that time he was not much troubled in this respect; so with the pain above refered to; for the first week he suffered with it, especially at night; after that time it did not trouble him much.

After the first week, although he slept better and partook freely of nourishment, which was seldom rejected by his stomach, he became more emaciated and more exhausted every day. It was very evident the food was not assimilated and that he was dying of inanition. He died April 22nd., suffering comparatively little pain. Throughout the disease the abdominal muscles were very rigid.

Autopsy 10 hours after death: rigor-mortis slight. The cavity of the peritoneum contained about 32 ounces of thin, yellowish serum, mixed with pus; the peritoneum was congested in several places, and there were numerous firm adhesions, especially between the knuckles of intestine. The stomach was small and empty; on opening it, a cancerous growth was discovered occupying a large part of the greater extremity of the organ, and which had formed adhesions with the spine and became continuous with a large carcinomatous mass just below the stom-

ach which involved the pancreas, the mesentery, transverse colon and the small intestines, agglutinating them all togethes. Throughout the entire intestinal tract, there were numerous portions in which the mucous membrane was congested, and a number of intestinal ulcers. The liver was friable, otherwise normal. The spleen was congested and very friable. The kidneys were pale, otherwise normal. The heart was pale and slightly fatty. The lungs were normal.

Contributed by Asst. Surg. P. J. O. Cleary,
Camp Supply, Indian Territory.

No. 1211. C.I.S.I.A.3. 8661 Ulcerated larynx. From a man who died of pulmonary phthisis. There are also a number of necrosing ulcers on the mucous membrane of the trachea. See Microscopical Section, Nos. 7143 to 7145.

Private John Masner, co. D", 11th. Infantry, died at 2.30 P.M. May 18th. 1874. He was admitted to hospital from desertion November 26. 1873, in an advanced stage of consumption. The tuberculous deposit had taken place in both lungs and also in the larynx. The patient took cod-liver oil, arsenic, wine, iron, cinchona, &c., from time to time, and the disease seemed to remain nearly stationary until about three weeks before his death, when all the symptoms suddenly became worse. The voice, which all along had been somewhat weak and altered, was now reduced to a whisper. The ulcers in the throat bled occasionally, and the patient was nearly strangled in several occasions from a clot in the larynx.

Autopsy seven hours after death by Acting Assistant Surgeon R. W. Dorsey: The upper part of the left lung was firmly adherent to the pleura laterally and posteriorly; this part was filled with large

tubercles, and was partly hepatized. The upper lobe of the right lung was adherent to the pleura laterally and posteriorly, and was filled with small tubercles, the middle lobe with large tubercle, and hepatized along its border; the lower lobe was largely hepatized, and contained in its posterior surface a large tubercle, which was partly softened. There was nothing abnormal in the other parts of the chest or abdomen.

Contributed by Asst. Surg. W. H. Forwood,
Fort Richardson, Texas.

No. 1212. C.S.S.S.E.57. 8662 Foetus and membranes of about 3½ months.

Mrs. Clarke, age about 32, colored, mother of three children, all living and hearty. Early in March, 1874, an abscess began to form in the subcutaneous tissue of the hypogastric region, and in time ruptured and discharged. The course of the inflammation was attended with much pain. Her menses had ceased about December, 1873. May 6. 1874, uterine hemorrhage began, and in half an hour two masses were discharged, one consisting of the foetus enveloped in a clot of blood as big as the fist, the other of the diseased placenta and membranes.

Contributed by Dr. W. O. McMuncaster,
Washington, D.C.

No. 1213. C.S.S.S.E.58. 8663 Foetus and membranes said to be in the tenth week.

Mrs. A——, age about 25, white. She had had one previous labor, the child living and aged

two years. No former miscarriage. She recovered.
Contributed by Dr. W. B. Drinkard,
Washington, D. C.

No. Taenia. Length about 8 feet.
1214 Passed after taking kameela, by J— C—.
C.4.S.3.N.30. Contributed by Dr. Josiah Curtis,
Washington, D. C.
8664
1214.A. A second portion, length 8 feet, passed subsequently by the
C.4.S.3.N.30. same patient.

No. Biliary calculus composed chiefly of inspissated bile
1215 pigment. See Microscopical Section Nos. 6851 to 6854 - liver; 6916 to 6920 - inguinal glands. 6950 to 6954 - lung.
C.4.S.5.I.23. From the patient, Mrs. J— K—, whose case is
4465 described in the Richmond and Louisville
Medical Journal, April, 1874, page 421.
Contributed by Dr. W. H. Triplett,
Washington, D. C.

No. Foetus with membranes about the third month.
1216. Mrs. T—, age 32, white, four children, one dead
C.5.S.5.E.59. of cholera infantum, no previous miscarriage.
8664 First appearance of menses after lactation
March 5th. Recurrence about the middle of April,
period lasting two weeks. May 10th., slight hem-
orhage; pains severe; both continued till the 12th.,
then increased. In the evening the foetus and
membranes were passed unbroken. The woman
did well. Miscarriage attributed to overwork and
mental excitement.
Contributed by Dr. J. W. Van Arnum,
Washington, D. C.

From Transactions of Med. Soc. Dist. Col. Vol. I. page 58.

No. 1217. C.5.5.5.C.19. 86 67

Medullary cancer of the right ovary; the tumor weighed when fresh 12 pounds 14 ounces. On the upper portion of the preparation are seen the uterus and left ovary which are normal.

Dr. Palmer gives the following history: "I was requested July 22nd. 1873, to visit Belle M—, aged 9 nine years and three months. Her mother stated that for ~~two~~ three months past she had noticed an unusual enlargement of the abdomen; prior to that time the child had been apparently in good health; on inquiry, learned that the bowels were constipated, that the urinary discharge was very scanty; the countenance at this time bore an anxious expression; the skin was somewhat sallow; no puffiness in the extremities or about the face. Purgatives were ordered and afterwards diuretics with the view of restoring the urinary secretion; they had the desired effect. The abdomen continued to enlarge very rapidly; no fluctuation could be detected on careful examination; this fact and the peculiar color of skin induced me to think that she was suffering from some malignant formation within the abdominal cavity. This view of the case was confirmed by my friend Dr. Lincoln, who was called in consultation. On the third of October, decided fluctuation was found in the right side of the abdomen. With the view of relieving the distension, which had produced great difficulty of respiration, a trocar was introduced and two gallons of bloody serum were drawn off with considerable relief to the symptoms. The enlargement however continued to increase, and after suffering great agony, she died December 14th. 1873."

Autopsy by Dr. Z. T. Powers: "Washington, D.C. December 16th. 1873. Notes of a post mortem exam-

mation twenty six hours after death, in the case of Miss L——. Present, Drs. Palmer and Lincoln. By request of friends the examination was restricted to the narrowest limits. Brain not examined.

Thoracic cavity entered only through the diaphragm on the right side. The lower lobe of the right lung was removed through this opening and found to be hypostatically congested and somewhat compressed by the fluid which occupied about one-third of the cavity.

The abdomen was greatly distended, and by advice of Dr. Palmer was tapped and about a gallon and a half of bloody serum withdrawn, which reduced the size of the abdomen sufficiently to admit of a thorough examination of the tumor, which was the chief cause of the distension. The cavity was now entered, and a tumor of large size presented itself, which was found to be lobulated, the largest lobe being on the left side, as determined by palpation. The outer coating of the tumor was thick, dense, and highly vascular, and at points over its surface were masses of material presenting the appearance of disintegrated brain matter, and here and there a cyst containing a yellowish fluid. This investment [?] was firmly attached to the tissues in the right inguinal region, the under surface of the liver, the gastro-colic, gastro-hepatic and gastro-splenic omentum, the anterior and lateral surface of the bladder, and loosely attached to the peritoneal coating of the alimentary canal at different points, especially to the caecum and vermiform appendage. Peritoneum greatly congested. Left ovary and uterus uninvolved. Right ovary greatly enlarged, entirely involved, and seemed to be the origin of the tumor. Kidneys and spleen presented a normal appearance; also the liver except at point of attachment and a small nodule in anterior surface of right lobe, which was removed for further examination. The under surface of the diaphragm was studded with small masses of brain-like material, as well as various points throughout the abdominal cavity."

Contributed by Dr. Wm. G. Palmer,
Washington, D. C.

See Microscopical Sections, nos. 6122 to 6126 + 6495 to 6498. Ovary. 6548. 6569 to 6574. Liver.

No. 1218. C.4.S.3.E.66. 8668

A portion of ileum showing typhoid ulcers and a diverticulum, the mucous membrane of which is also ulcerated.

Corporal Frederick Gurtler, co. "B", 18th. Infantry, presented himself at sicks call on the moming of May 11th. He was treated in quarters until the 15th, when he was directed to come to hospital. When first seen he complained of diarrhoea and abdominal tenderness. The former yielded to ordinary medication, but broke out again on the 17th.; the latter increased, but as there was little or no febrile movement at the morning visit, and as diarrhoea was quite prevalent in the command, typhoid fever was not suspected until after his admission to hospital, when the high temperature observed induced further inquiry, and I learned that he had suffered from frontal headache and epistaxis for several days prior to his first appearance at sick call. Until the 18th., the abdominal tenderness was most marked in the epigastric region. On that day, and thenceforward, slight pressure in the right iliac region produced gurgling and was attended with pain. Most of the other usual symptoms of typhoid fever were not well-marked, though at this time there were a few of the characteristic rose-colored spots on the lower part of the front thorax. On May 20th., while

being assisted to the earth-closet in an adjoining room at 5.15 A.M., he grew suddenly faint, and passed from the bowel on the floor about a quart of dark blood, part fluid and part clotted. I saw him about half an hour after, and found him in a state bordering on collapse; the extremities cold, body covered with cold sweat, pulse fluttering and incountable, and the voice a whisper. Under the influence of small and frequent doses of stimulants he rallied, so that his pulse, though very small, numbered at 10 A.M. 112. It is to be regretted that my clinical thermometer was out of order so that I could not note the temperature during this time. It was doubtless considerably below the normal standard. At 8.45 P.M. there was a second small passage of blood, and at 10 P.M. a third, measuring about a pint. This last was succeeded by grave signs of exhaustion, but he lingered until 9.17 the next morning, having had three more small passages of blood between midnight and 5 A.M. of the 21st. It may be observed on the accompanying record of variations of temperature, that on the evening of the day preceding the first enteric hemorrhage, the temperature was 100½°, a fall of 1.7° from the morning, and a decrease of about three degrees from what the temperature would have been in a typical case of typhoid fever.

Autopsy 25 hours after death: upper surface of body pale; considerable hypostatic congestion on under surface. There was little emaciation; no sordes on lips or teeth. On opening the abdomen the parietal peritonaeum was found unaffected. Raising the omentum, the portions of ileum and large intestine exposed presented a dark, almost black appearance. On a knuckle of the ileum in the right hypogastric region was a circular spot about the size of a silver half-dollar, of a dirty ash color in the centre surrounded by a zone of dark purple.

When the folds of the ileum were separated, many spots of different sizes and degrees of the same color were observed, and the mesenteric veins were found distended with blood. The gut being opened, these spots were found to coincide with the sites of ulcerated agminated glands, and the varying external appearances were caused by the depth of each ulcer. The black appearance of the ileum extended upwards from the ileo-cecal valve fifty-four inches. The whole of the large intestine was similarly discolored. The discoloration was due to the contents of the bowel, a black tarry substance, blood acted upon by the intestinal secretions. Nearly or quite all of the solitary and Peyerian glands, from the ileo-cecal valve to a distance of 63 inches upwards, were in a sloughing or sphacelated condition, the floors of some of the ulcers being the muscular, and of others the peritoneal coat of the ileum. The last and one of the largest Peyerian ulcers was 63 inches above the caecum. The ulcers were generally circular in form, having a moveable overhanging margin of mucous membrane; the sloughs were in varying stages of detachment, some entirely detached, others with an adherent mass about the centre, &c.; but all discolored by the broken-down blood which was in contact with them. Ulcers near the caecum ran together, so that they were irregularly continuous for a couple of inches. The mucous coat here seemed much thickened. Many of the mesenteric glands were as large as an olive. The kidneys were normal in size but anaemic. The spleen congested and soft and much enlarged, weighing 27 ounces. The urinary and gall-bladders were empty. The liver was normal. Thirty-three inches above the caecum there was a congenital diverticulum, about four inches long, a little narrower than the gut, shaped like the

finger of a glove.
contributed by Actg. Apt. Surgeon Frank Atkisson,
Post Surgeon, Columbia, S. C.

No. 1219 C.4.S.5.I.24. 8669 Biliary calculi, composed chiefly of inspissated bile.
From an ox.
Obtained from the contract butcher at Fort Griffin, Texas by Dr. Cooper.
contributed by Acting Apt. Surgeon J. S. Cooper
San Antonio, Texas.

No. 1220. C.2.S.1.D30. 8670 Heart with vegetations on one of the aortic valves, just below which is a small atheromatous abscess. The endocardium is preternaturally opaque.

April 6th. 1874, Martha M. Young, colored, age 18, domestic, healthy until a month ago, when she complained one evening of a pain in her side, with sore throat and headache. Her arms had been painful a few days previously, but this yielded temporarily to the application of liniments. On the 9th. of March she went to bed, and a colored physician being sent for, he pronounced the disease pleuritis. He continued his attendance for two weeks, when, no improvement having taken place, I saw her. This time her only complaint was "misery of the stomach"; upon placing the hand over the epigastrium a distinct pulsation was felt, which was communicated over the whole surface of the abdomen and thorax, leading to the inference that there was abdominal aneurism. Dr. Palmer saw her with me on the first instant, but there was no appreciable change. April 3rd. Dr. W. W. Johnston saw her in consultation. He stated to Dr. Woodward Sept. 16th. that he

found the patient propped up in bed with an expression of great anxiety and suffering, breathing very rapidly, her lips livid, her extremities cold, skin hot, pulse very rapid (120 or more per minute). The impulse of the heart was felt at a point lower than normal and communicated a sense of pulsation to the upper part of the abdomen. A bellows murmur was heard at the base of the heart, chiefly with the second sound but the first sound also was somewhat modified. The diagnosis made was acute endocarditis. Next day the patient began to expectorate a bloody serum; coarse moist râles were heard over both lungs, the dyspnoea was greater, and she became delirious. The dyspnoea became more severe, and the expectoration still more abundant, until death during the evening of April 6th.

Autopsy 24 hours after death: body emaciated; lungs very oedematous; pericardium contained over three ounces of fluid; the heart presented the lesions above described, and contained well-washed fibrinous clots extending into the pulmonary artery and aorta; other organs healthy.
contributed by Dr. J. F. Hartigan,
Washington, D. C.

No. 1221. C.3.S.1.F.2. 8671 Larynx and portion of trachea laid open from behind; a sessile, somewhat nodulated epithelioma occupies the right side of the larynx, extending from the base of the epiglottis to the middle of the thyroid cartilage; in the trachea is the wound made by the operation of tracheotomy.

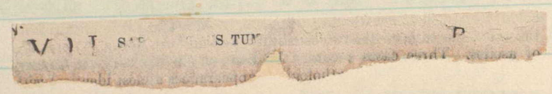
Mrs. May, age 74, was seen by Dr. Busey

in June 1874. She had suffered with aphonia for four years and dysphagia for four months. She had a ventral hernia and an abdominal tumor. Tracheotomy was performed September 10th. She died on the 12th.

For complete life history of the case, see American Jour. Med. Science, 1875, April. page 406.

Contributed by Dr. S. L. Busey,
Washington, D.C.

See Microscopical Section, nos. 7117 to 7120.



Transactions of the Medical Society of the District of Columbia.

No. 1222. C.1.S.1.D13. 4672

Sarcomatous tumor which was attached by a pedicle to the right side of the basilar process of the occipital bone; the tumor is irregularly oval and about 2 1/2 inches in long diameter; it was mostly occupied by a cyst, containing a sero-sanguinolent liquid, in which some spindle cells floated; the more solid portion of the tumor presented the structure of sarcomatous, the cells being partly round, and partly spindle-shaped.

See Microscopical Section, no. 6937.

Louis K. Lengstack, age 34. When between 2 and 3 years old, while playing in the room with his mother, he was standing in front of a rocking chair, his feet resting on the round, when he fell with it and struck the back of his head against the edge of a sideboard. Some swelling resulted, which subsided in 24 hours. No further inconvenience was suffered from the injury until two or three weeks afterwards, when it was observed that the right eye was turned a little outwards, a condition which continued for some time. Subsequently as the patient grew to manhood, his memory became gradually impaired and his intellect blunted. There was also well-marked exophthalmos and loss of vision in the right side. He was melancholy at times and at times had paroxysms of passion. In his 20th. year he had for the first time an

attack of epilepsy, after which he commenced to drink freely. These attacks averaged about one monthly for six years, seldom giving any premonition. In 1867 he was a confirmed imbecile, of a morose and retiring disposition, but harmless. From this time forward, the epileptic convulsions increased in frequency, sometimes averaging three daily, his symptoms otherwise remaining unchanged. Six months ago he was conveyed to the Government Hospital for the Insane, and died there probably in a paroxysm, as was supposed from the position in which the body was found.

Autopsy 36 hours afterwards: the eye had receded into the orbit; old adhesions of the arachnoid were found; the tumor above described lay at the base of the brain just in front of the pons, occupying the space between the middle lobes of the cerebrum, upon the left of which it encroached considerably; the brain had accommodated itself to the form of the morbid growth. The brain substance in its neighborhood was quite soft, and a small clot of blood (about an inch in diameter and half an inch thick) was found between the anterior portion of the tumor on the right side and of the base of the brain

Contributed by Dr. J. F. Hartigan,
Washington, D.C.

No. 1223. C.4.S.5.I.25. 8673

Biliary calculi, 68 in number, originally, weighing 190 grains, and composed chiefly of cholesterine; they are very dark colored from excessive pigment.

Mrs. Walker, age 35, white, the mother of five children, one being fourteen days old. Said

to have suffered from colic but history not definite. Died of puerperal peritonitis April 1. 1874

Autopsy by Actg. Asst. Surgeon D. L. Lamb; 34 hours after death: heart not opened, apparently healthy; Right lung congested posteriorly; adhesions, easily broken down on right side near apex; two ounces of effusion with recent lymph in pleural cavity. Left lung collapsed; pleural cavity contained about six ounces of yellowish serum and a large handful of yellowish curdy lymph. Readily broken down adhesions of the viscera universal throughout the abdomen; many patches of curdy lymph. Liver enlarged, fatty*. Gall-bladder contained numerous calculi of pyramidal shape and sizes of a few lines to 3/4 of an inch in diameter. Spleen healthy. Left kidney appeared healthy. Stomach much distended. Intestines congested on peritoneal surface. Some soft faeces in ascending and transverse colon. Uterus the size of a fist, its peritoneal coat congested. Most intense congestion in right iliac fossa, involving ileum, caecum and uterus. Intestines distended with gas. Peritoneum contained about six ounces of yellowish serum.

See Microscopical Section, nos. 6904 to 6907.

*The fatty deposit in the liver was most abundant in the vicinity of the portal vessels; there was also some deposit of brown pigment in the parenchyma, most abundantly around the hepatic vessels.

Contributed by Dr. W. O. Muncaster,
Washington, D. C.

No. 1224. C.S.S.I.B.14. 4074

Kidneys from a case of Bright's disease.

Leanna Lee, dark mulatto, age 13. Always in good health up to August 1872, when she had intermittent fever, which, treated by quinine, was relieved, but on

suspension of remedy continued to recur at intervals during the Fall and Winter following. In May 1873, oedema of the feet and legs was first noticed, attended with derangement of the general health, but she was treated by domestic remedies only until the month following, when I was called to see her. At this time (June) she had general anasarca, the legs being swollen to twice their normal size, the abdomen to the size of nine months pregnancy, and the face so much that the eyes were closed. The arms and hands were swollen least. The quantity of urine diminished to about half a pint in 24 hours, "highly albuminous, and abounding in pale casts, with some pus" (Schaeffer). The pulse was frequent and feeble, and general distress marked. The treatment ordered was cream of tartar, two teaspoonfuls three times a day, with half a grain of powdered digitalis; a tonic of iron and quinine; and liberal diet. Under this treatment she improved steadily, the amount of urine increasing until as much as two quarts were passed daily for a time; the pulse became stronger and less frequent, and appetite returned. The improvement seemed to continue up to November, when without any increase of the general dropsy she showed symptoms of hydrothorax with a persistent cough. General health became impaired; appetite failed; pulse feeble. November 29th, had violent convulsions which continued through three days at short intervals without any return of consciousness, when they ceased, and consciousness gradually returned. The oppression of the chest was now greatly increased and the cough incessant. These latter symptoms grew worse daily until December 12th, when she died from apnoea.

Autopsy 4 hours after death: extremities

cold; cavities of body still warm; cavity of peritoneum contained three pints of clear serous fluid; peritoneum normal excepting delicate fibrinous bands which crossed it in various directions, easily broken by pressure. Stomach and bowels distended with flatus; normal. Peritoneal covering of kidneys normal; kidneys themselves enlarged to about one third more than their natural size, of pale yellowish aspect, presenting externally a finely mottled appearance. Liver smaller than normal, of same colour and appearance as the kidneys. On removing the sternum, the pericardium was seen distended with serous fluid, estimated in quantity at 1½ pints; there was also a large accumulation in the cavity of the pleura, not estimated. The heart somewhat enlarged and fatty, having firm fibrinous clots in both ventricles. The lungs were compressed to one half their normal size but not diseased, except in the depending portions, which presented circumscribed hypostatic pneumonia.

[Note. Sections of the kidney made after hardening in alcohol showed very little that was abnormal. There was some hyperplasia of the connective tissue matrix of the organ in the vicinity of some of the Malphigian bodies, but no vacuoles were left by the removal of fat, to which the pale yellow color of the cortical portion was probably due. Sections of the liver under the same circumstances ~~also~~ appeared to be normal.]

See Microscopical Section, nos. 6510 to 6513.

Contributed by Dr. D. W. Prentiss,
Washington, D. C.

Nos. 1225. C.6.S.2.-28. 8675 Portion of right parietal bone, which is the seat of two carcinomatous tumors, one just below the temporal ridge, the other near the vertex. The larger tumor has perforated the bone and presents on the inner surface a flat sessile growth which is grooved by the branches of the meningeal artery. Exteriorly the larger convex, flattened growth, 2¼ inches in diameter, protrudes beneath the temporal muscle. The growth near the vertex was smaller, 1½ inches in diameter; and projected exteriorly only.

and 1226 C.4.S.5.F.17. 8676 A section of the right lobe of the liver of the same patient. The liver contained a number of large carcinomatous nodules, of which the largest occupied the right lobe and is shown in the section. The organ weighed 86 ounces.

See Microscopical Section, nos. 6938 to 6942.

John Saunders, age 52, born in Montgomery county, Pennsylvania; served 20 years in the Ordnance department. Admitted to the Soldiers' Home, Washington, D.C., August 20.1868. He was sent to the hospital of the Home November 14, 1868, for chronic rheumatism, and was discharged February 10.1869. He left the Home September 2.1870. September 4.1871, he was readmitted to the Home, and March 4.1874, was again admitted to hospital suffering from his old rheumatic disorder, and complaining besides of pain in the back and abdomen, and of obstinate constipation of the bowels. On examining the abdomen, the liver was found to be somewhat enlarged and its inferior border nodulated. There was also some ascites and oedema of the lower extremities. Little change in this condition occurred for several weeks, except that the liver gradually enlarged and became displaced, forming a decided tumor in the upper third

of the abdomen and nearly in the median line. After a time however the stomach became extremely irritable, and obstinately refused to retain nourishment. The distension of the abdomen by fluid became so great that tapping was resorted to, and about two gallons drawn off. The bowels continued to be obstinately constipated, an operation being procured only after the use of active cathartics, aided by injections. The oedema of the feet and legs became more marked until at length they were enormously swollen, a condition which involved also the penis and scrotum. June 20th. a tumor was discovered occupying the upper portion of the temporal and lower portion of the parietal bone on the right side; and ten or twelve days later a second tumor appeared on the vertex, at the point of junction of the frontal bone with the parietal. The patient ultimately became extremely emaciated, and died July 21. 1874. During the latter part of his life he suffered from retention of urine, necessitating frequent catheterization.

Contributed by Surgeon G. H. Lamb,
Soldiers' Home, Washington, D.C.

Nos.
1227
C.S.S.S.C.20
8677 Portion of intra-cranial medullary cancer of the left ovary; the growth contained a number of cysts, several of which are shown in the preparation; some of the cysts contained hair, and the cyst walls were in places the seat of calcareous deposit. The whole growth with the contained fluid weighed 32 pounds.

See Microscopical Section, nos. 7043 to 7045.

1228
C.S.S.S.C.21.
8678 Hair from one of the cysts in the ovarian tumor above described.

Note. Numbers 7038 to 7042, Microscopical Section, constitute sections through one of the cancer nodules

on the surface of the liver. Numbers 6975 & 6976, from the kidney, which in the finished preparation, present no marked abnormity.

Was called to see Charity Sims, March 1. 1874. She complained of pain in the left side, nausea and constipation; had not menstruated for four months; was a mulatto; age 18; not married; mother of one child; had also had an abortion in August, 1873. Upon examination of the abdomen, I found a hard movable tumor in the left side, corresponding to the position of the left ovary, and the entire abdomen was somewhat larger than normal; the tumor was very painful; nothing could be discovered by digital vaginal examination at that time. I suspected pregnancy, and her mother and sister were firm in their belief that she was four months gone. Under treatment the nausea and constipation were relieved, together with the pain in the left side. She enjoyed considerable comfort and I requested her to call at my office in a few weeks for a more thorough examination, and in the meantime to avoid all effort which might produce pain.

March 15th. In two weeks she was obliged to give up her service place, and sent for me at her own home. Her abdomen had enlarged and the tumor was more in its centre; she said it had moved, and the pain was paroxysmal. I thought the uterus somewhat enlarged, but not resembling a pregnancy; the uterine sound entered its cavity three inches and a half, and showed it to be entirely unoccupied and movable. A soft tumor without fluctuation was recognized, pressing down the posterior cul-de-sac; and with the bimanual manipulation I could detect also a hard movable tumor about the size of a foetal head at term. I thought she had a subperitoneal fibroid, un-

dergoing softening.

April 1. Later by two weeks the abdomen had enlarged considerably and fluctuation was very well marked. During April, she had a good deal of pain, loss of sleep, was confined to her bed, and ate but little. The abdomen constantly increased in size, and fluctuation was present at times over its whole surface, and again at times not so distinct. The hard tumor also continued to enlarge.

Early in May, a cough suddenly set in with hectic fever. Several physicians saw her with me, and all agreed that she had suddenly developed phthisis. The cough continued to be troublesome; the pulse constantly above 100, the pain persisted and appetite almost wholly gone. She died May 22nd.

Autopsy the same day in the presence of Doctors Howard, Mead and Ross. Opening the abdomen, I found a large tumor adherent to the abdominal walls everywhere, but no ascites. In endeavoring to remove the tumor it ruptured, and a large quantity of dark brownish-black fluid escaped. The solid portion of the tumor was much of it very soft and could easily be torn from its attachments to the abdominal walls and viscera. The whole, fluid and solid, weighed 32 pounds. The solid part weighed 11 pounds. The uterus was almost normal, slightly enlarged, and distorted by the traction of the tumor. The tumor sprang from the left ovary, but the right ovary was also involved. I regret that the lungs were not examined, as it is probable that they were cancerous instead of tuberculous. The kidneys were pale. The liver contained several similar cancer nodules.

Contributed by Dr. J. Taber Johnson,
Washington, D.C.

No. 1229. C.6.S.2.-29. 8078

Medullary carcinoma of left innominate bone. The tumor which forms an irregularly lobulated truncated cone, base upwards, springs from the lower portion of the ilium, which is penetrated by the morbid growth, and projects upwards so as to fill the concave surface of the ilium and the whole of the left iliac region of the abdomen; it also projects outwards beneath the glutei muscles. It is seven inches in long diameter, and weighed after having been in alcohol several months, a pound and a half. The uterus and left fallopian tube are attached, as is also the left ovary, which is somewhat enlarged, nodulated, firm and carcinomatous in structure.

Dr. Patterson says: "I was called to the case on the 17th. of July, 1872. Mrs. Smith, age 41, widow since 1861 or 2 had never borne children. She complained of pain in the region of the descending colon with constipation. Some laxative medicine was ordered, which did not afford any marked relief. On the 28th. of July I learned that about 18 months previously, an operation had been performed, removing, as she said, the neck of the womb; and that the growth was thought to be a cancer; also that her mother had died of cancer. I then examined the womb, but found nothing amiss. In December, the pain had greatly increased, and a small tumor about the size of a hen's egg was discovered, apparently attached to the inside of the left innominate bone, hard and immovable. About this time the patient was seen by Dr. J. Ford Thompson, who also made vaginal examination and found the womb to be free from any disease, so far as could be discovered. From this time the tumor steadily increased in size and the pain be-

came more and more excessive until the close of the case. The patient was confined to bed, and unable to support her weight for about ten months before death. Died July 13. 1874.

The tumor was supposed to be ovarian, and Dr. Atlee of Philadelphia was called in consultation (January 1874), but recognized the fixed character of the tumor, suspected that it was cancerous, and declined to operate.

Contributed by Dr. D. L. Patterson,
Washington, D.C.

Microscopical Section, nos. 6908 6913. 7121 & 7124.

No. 1230. C.2.S.2.C.23. 8680

Aneurism of the ascending aorta. The preparation consists of the upper portion of the sternum, with the sternal extremities of the clavicles and 1st., 2nd., and 3rd. ribs; the heart, arch and portion of the descending aorta; parts of the trachea and oesophagus. The aneurism is irregularly globular in form, and about four inches in diameter. It communicates with the somewhat dilated aorta by a circular orifice about two inches in diameter, seated in the anterior wall of the ascending aorta, and terminating superiorly about one fourth inch from the orifice of the right innominate artery. The aorta however is somewhat dilated throughout the whole arch, and presents a number of atheromatous patches, which occupy the greater portion of its internal surface in the ascending portion, are quite numerous in the arch, and becomes more and more scattered in the descending aorta. The aortic valves are normal. The aneurismal sac has perforated the sternum a little to the right of the median line and projects anteriorly as a rounded flattened tumor. The aneurism ruptured into the pericardial sac; a thrombus has been

placed in the orifice.

December 8th. 1873. Mr. Wilson, a carpenter, native of Pennsylvania, about 40 years of age, weight 175, in good condition, died in Brackettsville of rupture of an aneurism of the ascending aorta into the pericardial sac. I saw him about two weeks before he died and obtained the following history of his case. He left home when young; was not aware of the cause of death of any member of his family. Had always enjoyed good health until about twenty months before I saw him, when, in handling a heavy piece of timber, being overburdened, he felt something give way, and had to quit work for two or three months. During this period he experienced a good deal of difficulty in breathing. After this he was able to resume work and continue his ordinary occupation for over a year with but little inconvenience. Sometime last July, while lifting a heavy weight, he had a distinct feeling "as if something had given away" in his chest, followed by extreme difficulty in breathing, with enormous swelling of the right side of the neck, chest and the right arm. This condition gradually subsided, and for more than a month prior to my seeing him, he was able to walk about; had what he called a fair appetite, and complained of no pain, except about the seat of a tumor on the right side of the sternum and between the 1st. and 2nd. costal cartilages. When I saw him, this tumor was about the size of an old English watch, had a distinct pulsation synchronous with that of the heart. It was barely possible to detect pulsation in any of the arteries of the right side; pressure on the common carotid causing pulsation in the

subclavian, while pressure on the subclavian caused pressure in the carotids.

On the autopsy, the aneurism above described was found; the upper lobe of the right lung was considerably compressed by the tumor.

Contributed by Act. Asst. Surg. Donald Jackson,
Ft. Sedark, Texas.

Nos. 1231 and 1232.
1231 C.S. 3.2. B.1.
1232 C.S. 3.2. B.2.
4681
4682

The right and
The left kidney, with carcinomatous supra-renal capsules attached. The right supra-renal capsule is converted into a medullary tumor, somewhat oval in form, six inches long by four inches in diameter. The left supra-renal capsule is about half the size of the right.

The patient was a cattle dealer, a resident of Kentucky, who came to Cleveland, Ohio, in the pursuit of his business; active in his habits and apparently in good health. There was no emaciation, a moderate accumulation of fat, no debility, a florid complexion, and no brown discoloration of the skin, that is, none of the symptoms of Addison's disease. He had been in usual health, got wet on Sunday, was taken at midnight Monday night with pain in right side. I saw him Tuesday at noon; his symptoms were severe pain in right renal region, extending to the umbilicus, vomiting, pulse slow not over 60; had passed urine often but in small quantities; I had no opportunity of examining it chemically or microscopically. I saw him the following evening; the acute pain had subsided; vomiting had continued; tenderness over abdomen; extremities cool; pulse frequent, feeble and irregular. He died that night at 10 O'Clock.

Contributed by Dr. S. D. Turney,
Circleville, Ohio.

See Microscopical Section, nos. 7153 and 7154.

Nos. 1233 C.S. no. 37. 4683

Head of a male foetus at term, with a hydrencephalocele protruding from the posterior fontanelle; the brain was apparently well-developed.

1234 C.S. no. 38. 4684

External genitalia of the same foetus, with deformed penis; the organ in its general shape resembles a case of hypospadias; the prepuce is imperfectly developed, the penis very short; but the urethra continuous to the extremity of the flattened glans.

The mother was white, age 32, scrofulous; had borne three children previously, two of whom had died, but all were well-formed; the parents had no deformity. This child was born May 5. 1874 after a rapid and natural labor, and lived an hour. The ear was said to have been when first noticed as large as the head itself. The mother was attacked with convulsions and died of peritonitis five days after delivery.

Contributed by Dr. J. D. Barnes,
Washington, D.C.

No. 1235. C.S. no. 39. 4685

Malformed foetus (cyclops) of seven months.

N— W—, colored, dark, age 21, no deformity, strong, healthy. Husband also well-formed. Primipara of seven months; natural labor of eight hours. The mother looked through a ka-

leidoscope a month after conception, and attributes the malformation to this cause.

Contributed by Dr. J. W. Van Arnum,
Washington, D.C.

No 1236 C.S.S.S.B.10. 4686 Uterus with fibroid tumors, displayed by a vertical section, which bisects the mass. See Microscopical Section, nos.

In this case the suffering had been but for a brief period; there was a profuse, offensive, muco-purulent, vaginal discharge. At the autopsy the other organs were found healthy.

Contributed by Dr. J. F. Hartigan,
Washington, D. C.

Nos. 1237. C.1.S.1.B.5. 4687 Portion of right middle lobe of brain, showing the remains of a cyst which was situated directly over the middle of the petrous portion of the temporal bone; this cyst when fresh, was oval, about an inch long, one half inch in diameter, and contained a tough yellowish mass, which was adherent to the dura mater.

1238 4688 C.S.S.3.D.1. Phlebolite found in one of the veins beneath the base of the bladder; and This specimen was lost in the change.

1239 4689 C.4.S.S.I.26. Oval cholesterine gall-stone, weighing 10½ grains. From the same patient.

Dr. J. H. F. Holston, late Surgeon and Brevet Lieutenant Colonel U. S. Volunteers, in his declaration for an Invalid pension, dated December 14. 1869, states that on the 4th. of October, 1862, during the second battle of Corinth, while going to the field-hospital, he was

and fell to the ground suddenly thrown down "as by a shock of electricity," but was able to get up and proceed to the hospital, where he attended to his wounded duties; without noticing paying any attention to his own injuries. Four days afterwards subsequently (viz: on Wednesday the 8th.) he woke up in the morning, feeling for the first time a pain in his the (right) leg, together with oppressed breathing and a sense of soreness in the chest.

On examining this leg he found a wound about halfway between the knee and ankle about the size and shape of "one eighth of an orange rind". The leg became greatly swollen and erysipelatous, and the chest continued to be sore, but he was able to report for duty to General Grant at Jackson, Tenn., about a week later. Subsequently several abscesses formed in the leg, and it was not entirely healed until late in December. Meanwhile his the Doctor's health broke down, the pain in the chest continued, a troublesome cough set in, and it was noticed for the first time that two of his ribs were loose at their sternal articulations. In January 1863, peculiar spasms of the diaphragm and muscles of the trunk set in and have recurred continued at intervals ever since till death. His health was so much impaired that he finally resigned May 6th. 1864.

January 24. 1870 the doctor was examined by Pension Examiner W. W. Potter, M. D., who says: "Dr. Holston describes having received wounds from the explosion of a shell on the 4th. of October 1862, a small fragment striking the anterior aspect of the middle third of right leg, leaving a slight cicatrix; a large fragment nearly expended striking anterior wall of the thorax right side, which is now flattened. These injuries have produced a

remarkable effect upon the nervous system, causing convulsive action of the muscles of the trunk, great mental depression and emaciation. He is evidently suffering from some cerebro-spinal lesion, which may probably result fatally at no distant day."

February 5. 1870, he was examined by Assistant Surgeon J. J. Woodward U. S. A., who gave the following certificate. "Washington, D.C. February 5. 1870. I hereby certify that Dr. A. L. F. Holston, late Surgeon of Volunteers and Brevet Lieutenant Colonel has occasionally consulted me with regard to his health for some time past (about eight months or less). I have found him to have become a debilitated condition and suffering from many nervous symptoms, especially among which diminished power in the lower extremities and occasional peculiar the muscular spasms, more above prominent ones mentioned. These symptoms together with tenderness over the 4th. and 5th. dorsal vertebrae and the other phenomena of the case, lead me to believe that some chronic pathological process is progressing in the vertebrae named, and perhaps also in the adjacent ones."

September 8th. 1873, he was examined by Pension Examiner J. O. Stanton, M. D., who says: "He is suffering from disease of the spinal cord, causing paralysis of the left side of the body. Some tenderness on pressure over vertebral column in dorsal region; has no use of the left arm or leg; loss of sensation as well as motion; can not stand; articulates with difficulty; is a complete wreck. He requires the regular and and attendance of another person."

About three years before his death, he began to complain of numbness in his right hand and foot, which lasted all Summer, but from this he then partially recovered. In the Spring of 1872 he complained of a severe pain over and behind the right ear, which disappeared after

the application of croton oil. This pain recurred but again disappeared after the application of a blister and taking a trip to a distant city. In each case the pain lasted for a few days only. Early in June 1872, he had an attack of partial paralysis affecting the left foot, which he dragged somewhat while walking. During the evening of the 14th. of June he slipped while crossing the street and fell, but did not feel any hurt. The next morning he had to be helped around, having lost somewhat the use of his left leg; there was also some difficulty of swallowing, but no pain. The same day after dinner he lay down, and on attempting to rise, the loss of use of the leg was found to be total. There was some feeling of giddiness, but the memory, judgment and other faculties of his mind were unimpaired, and indeed remained intact throughout his whole illness. There was no increase nor diminution of sensation, the paralysis being entirely muscular [?]; the breathing at the outset was sighing, but this symptom quickly disappeared. The dysphagia continued about three weeks and was confined mostly to the use of liquids, which always made him cough; he could swallow solids with little difficulty. All this time there was twitching of the right arm and leg. About this time he complained of a sore spot about the middle of his back, the soreness being chiefly felt on pressure. He went into the country during the summer and improved somewhat, but the favorable change was only temporary, and he died May 1. 1874.

His mind remained comparatively clear and he read constantly until a short time before death.

Dr. Holston had suffered for several years with a stricture of the urethra which he

treated himself. During his illness the urine dribbled from him most of the time.

Autopsy (by Acty. Asst. Surgeon Dr. D. L. Lamb) 8 hours after death: rigor mortis marked in extremities; body still warm. There were no unusual adhesions of the dura mater to the skull cranium; the subarachnoid space was distended with colorless fluid; the venous sinuses were very much engorged full of blood; the brain substance was a little softened; the choroid plexus congested; there was very little fluid in the lateral ventricles; the left internal carotid artery was the seat of calcareous atheroma, and remained wide open patent when cut, but the cerebral arteries presented showed no marked abnormity. On the under surface of the right cerebral hemisphere lobe was the cyst above described. In the vicinity of the cyst, to the extent of an inch in radius, the dura mater lining the skull was dotted with yellowish points. The functa vasculosa were not well-marked in the brain substance generally.

The heart was coated with fatty deposit; the pericardium contained about two ounces of colorless serum; the valves on the right side of the heart were healthy; there was a long, narrow, white, firm clot in the aorta and left ventricle; the mitral valve showed patches of thickening; the aortic valves were thickened and indurated at their attachments. There were extensive, old, firm, pleuritic adhesions in both sites; the pleural sacs were dry; the right lung presented two irregularly-formed middle lobes, was congested posteriorly, and presented a cicatrix at its apex; some of the bronchial tubes in the upper lobe were dilated and thickened; the left lung was congested posteriorly and quite oedematous.

The stomach was much enlarged, distended with gas flatus and fluid, and showed a marked constriction about half way between its cardiac and pyloric orifices; it appeared to be healthy in other respects but was not opened. The intestines were distended with gas and appeared to be normal; soft faeces of a dark green color were found in small quantities throughout the small intestine, and collected into lumps in the descending colon and rectum. The liver cirrhosed, weighed 60 ounces; it was mottled pale and reddish, and in a condition of well-marked cirrhosis; its surface presented moreover, many cicatrix-like depressions, one half an inch deep; there were three indentations on the right portion of the anterior margin of the right lobe, two apparently cicatricial, the third an original anomaly. Internally the liver was pale and contained but little blood, which was bright red in color. The gall-bladder contained some yellow bile, and a gall-stone. (½ × ¼ inch) of rough surface, yellowish-brown color and elliptical shape. The spleen was pale slate-colored, and of normal size and consistence. The Right kidney was firm and weighed 9 ounces; its cortical substance was increased in thickness and on section showed some white patches, two to three lines in diameter, the remaining tissue containing about a normal quantity of blood and of a pale-red color. The Left kidney weighed 9 ounces and resembled similar to the right in its appearance. The Pelves, calyces and ureters of both kidneys were much distended with urine, their mucous membrane thickened and much congested. The Walls of both ureters were thickened (to about two lines) and each distended to about half an inch in diameter. The Bladder was distended with about a quart of almost odorless liquid, urine which contained much muco-pus and was of a milky appearance; the mucous walls of the bladder were ne-

fourth to one-third of an inch in thickness and the hypertrophied muscular coat presented the usual appearance of somewhat resembling the columnae carneae of the right ventricle of the heart; the mucous membrane was thickened and congested, intensely so at the base of the bladder, where there were several ulcers; one the size of a silver half dollar, another that of a dollar and several smaller ones, a few lines in diameter, penetrating to a variable depth, in one case through the muscular coat. A phlebolite was found in one of the veins of the connective tissue beneath the trigone vesicale. A catheter passed readily from the bladder to some distance along the urethra; the urethra was unfortunately not examined further.

Contributed by Dr. Howard Barker
Washington, D.C.

In Microscopical Section, nos. 7076 to 7079. Liver

No. 1240. C.4.S.5.I.27. 8690

Two very large biliary calculi, passed by stool after symptoms of obstruction of the bowels by a middle-aged man; one of them an inch long by an inch in diameter and weight 182 grains; the other 1/8 inch in diameter, weight 154 grains; each of these calculi is a truncated segment of a cylinder, the terminal facets passing obliquely to the axis, giving them the form of blunt wedges. They do not fit together, so that there must have been at least three others in the gall bladder at the same time with these. They are composed wholly of cholesterine with a little pigment. Subsequent to the passage of these calculi through gall bladder, the patient had symptoms of peritonitis.

The patient was rather a fat man, about 50 years of age, with no previous history of hepatic colic. When seen by Dr Foner in the latter part of August 1874, he was suffering from marked symptoms of obstruction of the bowels. When at length the passage was obtained, the two gall-stones above described came away with it. Another of considerable size was passed subsequently but not preserved. The patient is not aware of having passed any others. After the obstruction of the bowels had been overcome, severe peritonitis set in, so that for several days the patient's life was despaired of; he however recovered and by the middle of September, was quite well again.

Contributed by Dr. J. M. Foner,
Washington, D.C.

No. 1241. C.4.S.3.I.93. 8691

Lower extremity of ileum with portion of caecum; the Peyer's patch immediately above the ileo-cecal valve is thickened and presents several ulcers; there are also half a dozin ulcers, one-fourth to one-half an inch in diameter in the caecum; these ulcers have abrupt edges, and look as if they were produced by the separation of small sloughs.

Edward L. Archer, Private, Battery "B", 4th. Artillery, was admitted to Post hospital, Fort Klamath, Oregon, August 1st. 1873 from company quarters, suffering with the ordinary symptoms of typhoid fever; was treated in quarters the day previous for acute diarrhoea. Diarrhoea not excessive and easily controlled; delirium was at first active, constant, and not controllable by food, stimulants or ordinary doses of anodynes. Patient finally, about the 16th. day, fell into a comatose condition, and died on the evening of August 16th., the seventeenth day of the disease, apparently from nervous ex-

haustion.

The treatment throughout consisted in administering beef essence, raw eggs and stimulants at short intervals; an occasional anodyne to check excessive action of the bowels and for the purpose of quieting delirium; and sponging the surface of the body with warm water.

Post-mortem examination revealed considerable congestion of the cerebral veins with effusion in the arachnoid sac and into the ventricles of the brain. Lungs congested hypostatically, but no consolidation of tissues. Heart filled with fibrinous clots, one of which was entangled around the chordae tendineae of the mitral valve. The spleen was enlarged and softened. Peyer's patches ulcerated.

[The last three or four feet of the ileum and the greater part of the colon were received at the Museum. There was comparatively little disease of Peyer's patches, with the exception of the one exhibited in the specimen. A few of the other patches presented small ulcers and were slightly thickened, but most of them appeared to be nearly normal. Nor was there any noteworthy enlargement of the solitary follicles. Several ulcers resembling those shown in the caecum, were scattered along the colon.]

Contributed by Hpl. Surg. Henry McEldery
Fort Klamath, Oregon.

Nos. 1242. C.4.5.3.I.94. 8692 and 1243 [illegible] C.4.5.3.I.95.

Lower extremity of ileum with ileocecal valve and portion of caecum showing mammillated thickening of Peyer's patches and minute follicular ulcers of the caecum.

A portion of the descending colon of the same

patient, with enlargement of the solitary follicles to the size of small shot heads and a minute ulceration at the apex of each follicle.

Private Henry Everett, co. "G", 12th. Infantry. was admitted to Post Hospital, Fort Klamath, Oregon, October 8th. 1873 with the ordinary symptoms of typhoid fever. Patient seemed on admission to be much prostrated and very ill; said he had been sick for several days. Was ordered 5 grains of sulphate of quinine every 4 hours, and solution of acetate of ammonia and beef essence every two hours, with milk and eggs three times a day; body to be sponged with warm water. As he seemed to be doing well under this treatment, it was continued for the four following days. On the 12th. he seemed much weaker, so half an ounce of whiskey every two hours was ordered. His bowels up to this time had been acting regularly and never oftener than twice in the 24 hours. On the night of the 12th. however, he had several passages and one about daybreak of the 13th., which contained a considerable amount of dark colored blood. A camphor and opium pill was ordered every four hours with turpentine emulsion and persulphate of iron every two hours, and a teaspoonful of whiskey every half hour. He had another abundant hemorrhage from the bowels about noon and another about 4 O'clock P.M., fifteen minutes after which he expired.

[The whole alimentary canal was received at the Museum. The stomach and upper portion of the small intestine were apparently normal. In the ileum Peyer's patches were progressively enlarged and some of them slightly ulcerated; the patches just above the ileo-coecal valve were greatly thickened in a mammillated manner, but

not ulcerated. The whole length of the colon was dotted with enlarged and ulcerated solitary follicles, which were most numerous in the descending portion.

Contributed by Hpt. Surg. Henry McEldery
Fort Klamath, Oregon.

No. 1244. C.2.S.1.D31. 4894

Heart exhibiting vegetations on one leaf of the mitral valve, which is perforated. The remaining valves are normal.

Private Waldemar Larsen, co. "F", 21st. Infantry, age 23, sanguine temperament, was detailed as a nurse in the Post Hospital on the 30th. of September, 1873. On the 5th. of November he complained of pain in his chest and weakness. A physical examination revealed the existence of a very loud bellows murmur with the first sound of the heart; loudest over the apex and diminishing towards the base; area of dulness considerably increased; no dulness on percussion over the lungs; coarse moist râles over base of both lungs; has a distressing cough which especially troubles him at night; expectoration abundant; no anasarca; pulse weak and quick; mind clear. He is very anaemic, and complains of constant cardiac neuralgia, general debility and loss of appetite. There is no history of any antecedent rheumatism. He was questioned very particularly in regard to this. He is very intelligent and is positive on this point. He stated that his present ill health dated from about the 16th. of January, 1873, when he got lost from his company during a night march in the Modoc country and was exposed over night to rain and cold without his blankets to keep him warm. Next morning after this occurrence he was seized with a chill and fever, accompanied

by pain about the heart and was for several days very sick. The fever finally left him, but the pain has continued to trouble him, and since that time his general health has failed.

The patient was assigned a bed in the hospital ward and his name placed upon the sick report. The following prescriptions were ordered for him: to take of tincture of foxglove five drops and of tincture of the chloride of iron fifteen drops in a wineglassful of water three times a day after meals; also of bromide of potassium twenty grains at bedtime when required; the tincture of iodine to be applied twice daily to the chest over the region of the heart. This treatment with an occasional belladonna plaster to the region of the heart, and a dose of chloral at night, together with a good nourishing diet, was continued till December 12th. with beneficial results; his pulse becoming stronger and less frequent; the cough, expectoration and neuralgic pains diminishing; his appetite had improved and he was looking better. He expressed himself as feeling stronger and more comfortable. The physical signs remained however about the same as on his admission. He was up and about the post every day.

On the 30th. of November a snow-storm set in and it became necessary to abandon the canvas ward in use up to this time. It was feared that the weight of snow might crush in the structure. (This actually did take place shortly after the patients were removed). Our accommodations for patients at the hospital became thus limited to five beds, which were assigned to the worse and more acute cases, and the rest of the patients sent to their respective company quarters. Private Larsen was a-

among this latter number. Surgeons certificate of disability in his case had been forwarded on the 13th. of November. The night of the 12th. of December was an intensely cold one. The thermometer fell to −12° F. Next morning the patient complained of not feeling so well, and of having been chilled during the night. About 10 O'clock he was stated to be very ill in his quarters, and when brought to the hospital he was in a dying condition; his face and the surface of the whole body deeply cyanosed, lungs engorged, breathing difficult and labored; his heart was beating very feebly, pulse almost imperceptible and extremities cold. His mind was clear, and he stated that a short time before he had been taken with a nervous tremor and increased pain in his chest and great difficulty in breathing. Sinapisms were at once applied to his chest and bottles of hot water to his extremities; the 1/96th. of a grain of atropia was administered hypodermically, brandy in small quantities given at short intervals and his legs and arms rubbed with stimulating liniments. He failed to rally however but continued to sink, and died about one o'clock P. M., two hours after his being brought to the hospital. His mind failed towards the last, and he talked in a wandering and incoherent manner.

Post mortem examination 21 hours after death showed extensive congestion of both lungs; no consolidation of tissue or tubercles could be discovered; 15 ounces of serum were found in the pleural cavities, and 3 ounces in the pericardium; the cavities of the heart were filled with dense fibrinous clots; a perforation with jagged edges, and large enough to admit the forefinger, was found through the smaller segment of the mitral valve; the heart was somewhat enlarged. The liver and

spleen were both enlarged and congested, otherwise apparently normal; the subarachnoid fluid was increased in quantity; the brain was congested but otherwise apparently normal. Other organs were apparently free from disease. The coats of the arteries generally, and especially those of the aorta were carefully examined for any trace of atheromatous degeneration, but without success.

Contributed by Hpt. Surg. Henry McElderry,
Fort Klamath, Oregon.

No. 1245. C.5.s.4.D.1. 8695

Cancer of the right testicle and inguinal glands.
From a dog.
Contributed by Dr. J. D. Barnes,
Washington, D.C.
See Microscopical Section, Nos. 6927 and 6928. 6929 + 6930 Spleen

No. 1246. C.5.s.5.B.11. 8696

Uterus with fibroid tumors, some of which are softening and breaking down on the surface which projects into the cavity of the organ. The symptoms produced in consequence, resembled uterine cancer.
See Microscopical Section, Nos. 7068 & 7070.

Elizabeth Collins, colored, married, childless, age 46, died September 4. 1874. She had been treated for uterine hemorrhage supposed to be due to cancer of the uterus. She said she had enjoyed perfect health until the menopause, after which she began to suffer with pains in the back and some discharge from the vagina, with occasional vomiting. For the last six months she had suffered greatly. When first seen by Dr. Brooks, she was

apparently in a dying condition; drift to emaciation; complexion waxy; pulse 140; she had constant nausea and vomiting, with colliquative diarrhoea.

Contributed by Dr. Geo. W. Brookes
Washington, D.C.

Nos. 8697 12,447 C.4.3.4.c.10. 12,448 C.4.3.3.04. 8698

Knuckles of ileum with constriction produced by old peritoneal adhesions.
Dilated ileum with ulceration and perforation; from just above the constriction shown in the last specimen.

—— Bevans, male, age 29, white, married, had been sick from time to time during the year before his death, with symptoms of obstruction of the bowels. His last illness lasted about two weeks, resembled the previous attacks and terminated with the symptoms of acute peritonitis. He died October 12.1874.

[Acting Assistant Surgeon S. T. Lamb.]

Autopsy, 15 hours after death: there was well-marked rigor mortis in the arms and legs; the body was somewhat emaciated; the abdominal integument presented several hard, reddish patches from denudation of epidermis by fly-blisters.

The head and spine were not examined.

The lungs were adherent almost everywhere by old adhesions and the pleural cavities dry; the posterior portions of the lungs were darkly congested. The pericardium contained about an ounce of clear serum; the heart was collapsed and contained dark blood and a small red and white clot; the aortic valves were slightly thickened at their attached borders.

The peritoneum was dark, dirty-looking and contained about a quart of dirty-yellow fluid of the consistency of gruel; the membrane was congested and presented abundant, recent,

easily broken-down adhesions of the same dirty color; there were four old adhesions of a reddish purple color, one fourth of an inch in thickness; one of which, three inches in length, proceeded from the transverse colon in the median line downwards to the mesenteric attachment of one of the coils of the ileum; the other bands united together three of the convolutions of the small intestine almost immediately beneath the umbilicus, and so that slight traction, even that from dilatation of the connected portions diminished quite markedly their calibre along the line of the pressure. The large intestine was contracted throughout its whole tract to the diameter of about an inch; the ileum in the last five feet of its tract, namely from the point of constriction to the ileo-cecal valve, was collapsed; the entire small intestine above the constriction was much distended, as was also the stomach.

The stomach contained gas and a liquid similar to that in the peritoneal cavity; the organ was darkly congested in patches. The small intestine to the point of constriction, contained gas and a liquid similar to that in the stomach; this portion of the organ was also darkly congested, and a few small ulcers were scattered along the tract at intervals of a foot or two feet. In the portion of the tract about one foot above the constriction and involving so much of the ileum as was situated in the right hypochondrium, continuous with the collapsed tract above mentioned, the intestine was dilated and presented a number of eroding ulcers, extending in some places to the muscular coat, in others to the peritoneum, and in six places had perforated; the intestinal glands were not especially involved; the ulceration was most extensive opposite the

mesenteric attachment and diminished in intensity until towards its origin the tissues were comparatively normal. There were three coils of intestine involved in the constriction. Below the latter point the ileum presented black pigmentation of Peyer's patches and contained small lumps of yellow faeces; similar faeces were found in the large intestine.

The liver was slate-colored externally and mottled red-brown and pale-yellow within; the was quite firm. The gall-bladder contained greenish bile. The spleen was of normal size, slate-colored externally and darkly congested within. The pancreas appeared normal. The kidneys were large; the left weighed 6 1/2 ounces; the right appeared to be of the same size; both were congested but otherwise normal. The bladder was distended with urine.

Contributed by Dr. L. M. Ford,
Washington, D.C.

Congenital Hydrocephalus, hernia cerebri, [illegible]

Nos. 1249. C.6.S.2.No.30. 8699

Cranium of a child 5½ days ~~months~~ old, suffering from hydrocephalus internus. [The facial bones have been mutilated by rats, which accidentally obtained access to the specimen].

8700 1250. C.1.3.2.B.4.

Brain of ~~the same subject~~. The lateral ventricles contained six ounces of transparent colorless fluid.

1251. ~~C.1.3.5.No.2.~~ C.5.-37½ 8701

Lower part of the spinal column of the same subject exhibiting spina bifida.

See Transactions Med. Society, D.C. Vol. III. p. 40.

Contributed by Dr. L. M. Busey,
Washington, D.C.

Anatomy by Dr Harris

No. 1252. C.4.3.3.Q.2. 8702

Multiple growths resembling medullary carcinoma in its structure, seated in the mesentery and intestines of a chicken.

See Microscopical Section, Nos. 7150 to 7154. 7083.

Contributed by Surgeon B. J. D. Irwin,
U.S. Military Academy, West Point, N.Y.

No. 1253. C.4.3.5.I.28. 8703

Portion of the common bile-duct containing an impacted gall-stone.

The patient, Mrs. A— W—, age 53, was first seen by Dr. Healy about two months since. There was a history of frequent attacks of hepatic colic accompanied by intense jaundice. She was quite fat, weight 180 pounds, until about a year ago. Since that time she steadily lost flesh and at death her weight was probably no more than 125 pounds.

Dr. Healy found her complaining of pain and occasional vomiting, occuring after meals; the vomited matters were very dark; sometimes food that had remained in the stomach for two days was ejected unchanged. A tumor was felt at the site of the left lobe of the liver.

Two weeks afterwards fever supervened, occuring every afternoon, which subsided under the use of quinia. Three days before death, she had a severe chill, followed by violent fever, and afterwards profuse sweating. A similar attack occured September 1874, during which she died. She had no recognized occurence of hepatic colic during the time of Dr. Healy's attendance.

At the autopsy the gall-bladder was found to be contracted to extremely small dimensions, and a cholesterine gall-stone half an inch in diameter was impacted in the common bile duct; the liver was firmly adherent in a num-

ber of places, was of a yellow color, contained two abscesses in the right lobe, and a large abscess in the left; another abscess was found limited by the adjoining margins of the liver, stomach and duodenum.

Contributed by Dr. T. M. Healy,
Washington, D.C.

No. 1254. C.S.S.S.D.S. 8804

Uterus in a condition of subinvolution, ten days after delivery. See Microscopical Section 7052.

History by Dr. P. J. Murphy: Mrs. Henrietta Bryan, age 24, Virginian, dark mulatto, the mother of three children, one of whom died, was admitted November 2. 1874. Labor pains began at 9 P.M. on the 3rd.; the head engaged in the superior strait at 3 A.M. on the 4th., and three hours later she was delivered. The labor was natural in every respect. The placenta came away twenty-five minutes after the birth of the child. There were no abnormal symptoms for twenty-four hours. Then (the morning of the 5th, the temperature rose to 103°, the pulse to 96, and there was slight tenderness over the uterus. 6th., pulse 116, temperature 105°. She said she felt better; had slept well during the night, took food; and the lochia were flowing naturally. She was quite nervous. 7th., temperature 105°, pulse 116, condition as before. 8th., pulse 96, temperature 100.4°; delirious at night; no lochia. 9th., pulse 98, temperature 101.4°; still delirium. 10th., pulse 120; temperature 103.4°. 11th., pulse 130; temperature 104°. 12th., pulse 150; temperature 105°; stupor. The stupor continued; the temperature which had fallen to normal regularly every morning, continued to rise as before towards evening; the pulse was small and very frequent, 150 and upwards; she took no food the last two days of her life. Died at 8 P.M. November 14th.

[Acting Assistant Surgeon D. L. Lamb.]

Autopsy 18½ hours after death: body warm; rigor mortis in the limbs; the skin presented about a dozen sudamina scattered over the chest and upper part of the arms; marks of a blister over the umbilicus and hypogastric regions.

The scalp and skull were quite thick; the dura mater was somewhat adherent to the skull; the membranes of the brain presented profuse red and purple injection of the vessels and contained a good deal of colorless serum; the brain itself was quite firm, there were no extravasations, the puncta vasculosa were well-marked; there was no fluid found in the ventricles.

There was slight hypostatic congestion of the lungs, which were strongly adherent to the diaphragm, and a few large, firm, adhesive bands were found at their sides; these adhesions were old and the pleural sacs were dry. The heart exteriorly was normal; all its cavities contained large white clots, the right auricle being stuffed with the mass; the left auricle contained masses of red-brown coagula.

The liver was much congested with dark blood, of a brownish color and firm in pressure; it presented under the capsule about half a dozen whitish masses less than a pinhead in size. The gall-bladder was full of green bile, and the adjacent tissues were stained of the same color. The spleen and pancreas were normal, the kidneys somewhat congested. The stomach was collapsed; the small intestine was also for the most part collapsed; the caecum and colon were distended with gas.

The peritoneum in the lower part of the belly was much engorged. The uterus, exclud-

ing the cervix, was seven inches long, five inches broad and two inches thick; the peritoneum was of a pink color in patches but darkly congested where it covered the fallopian tubes and ovaries; the muscular substance of the uterus appeared to be normal; on the mucous surface of the posterior wall was a large circular patch, two inches in diameter, the site of the former placenta, in which the vessels were patulous but their mouths stuffed with solid clots; here also and in the immediate vicinity were numerous greenish shreddy sloughs, similar sloughs were pretty thickly scattered over the remainder of the mucous surface. The cervix uteri appeared to be healthy. The bladder was somewhat distended with urine.

The specimen was received at the Museum sixteen hours after death. On microscopical examination the sloughs were found to contain pus globules, granular matter and coco-bacteria.

Contributed by Dr. J. H. Thompson
Columbia Hospital, Washington, D.C.

No. 1255 C4.3.5.I.29 8705

About seventy-five biliary calculi.

Corporal Albert Gale, co. "I", 8th. Cavalry, died at the Post Hospital, Fort Union, New Mexico, of typhoid fever, November 29. 1874. At the autopsy, besides the usual lesions of typhoid fever, enlargment of the mesenteric glands, ulceration of Peyers glands, hypostatic congestion of the lungs, &c., the gall-bladder was found to be filled with very dark thick bile and 215 calculi, a number of which were unfortunately lost by carelessness in washing and drying them. The patient, so far as is known, had never suffered with jaundice or any other symptoms resembling those usually due to gall-stones. The liver was perfectly healthy.

Contributed by Asst. Surgeon W. H. Gardner,
Fort Union, New Mexico.

No. 1256 C4.3.5.I.30. 8706

About seventy biliary calculi.

From a white woman between 45 and 50 years of age. The case was a little remarkable, presenting after death striking pathological changes in three different organs of the body, which during her lifetime had given no indications whatever of disease. There was found a large cyst of one kidney, two or three intra-mural fibroids of the uterus and the above calculi. Yet during her lifetime there had never been any nephritic, uterine or hepatic trouble.

Contributed by Dr. Jno. D. Jackson,
Danville, Kentucky.

No. 1257. C5.3.5.F.60. 8707

Foetus in membranes with placenta, at about the third month.

Mrs. L—, age 32, white. Had had six labors and five children are living; no miscarriage. Three months prior to the last conception she had amenorrhoea consecutive to a fall on the ice. She had also suffered for a year past from severe attacks of headache and from momentary but complete blindness; albuminuria was not established. The placenta in this case was apparently fatty.

Contributed by Dr. W. B. Drinkard,
Washington, D.C.

No. 1258. C.4.3.3.N.31. 8708

Taenia, eleven feet in length, passed after taking pumpkin seed and male fern.

Contributed by Dr. W. O. Muncaster, Washington, D.C.

No. 1259. C.2.3.1.D32. 8709

Heart with mitral disease.

"I was called on the 16th. of January, 1872, to see J—P—, age 50, born in Germany. He had always been a temperate and healthy man; had never had syphilis or rheumatism; had been suffering for two months, as his wife expressed it, with a heavy cold throughout his whole body. I found him almost as yellow as saffron, in the recumbent position, with considerable ascites and anasarca; marked debility; dyspnoea and palpitation both increased very much upon the least exertion. Pulsations were visible just above the clavicle on both sides. A dry hacking cough annoyed him very much. His tongue was furred, bowels constipated, stools clay-colored. The area of hepatic dulness on percussion was normal, that of cardiac dulness considerably increased in size. A bellows murmur was heard very distinctly. The heart's impulse was exaggerated; the pulse intermittent. To take calomel, squills and digitalis in grain doses three times a day. In a few days the improvement in all of his symptoms was so great that he was able to move around the house and yard with but little inconvenience. About the end of the Spring, under the use of the mineral acids, bitter tonics and digitalis, he was so much improved as to be able to act as a night-watchman. During the following Winter the dyspnoea and palpitation increased so much upon any exertion that he was obliged to give up this situation. He became very weak very weak and was easily fatigued. The jaundiced appearance returned with almost white stools. The anasarca was slight. Again in the latter part of the Spring he rallied sufficiently to perform light work. About three weeks before death he was attacked with pleurisy and orchitis. A day or two before death he had severe and copious haemoptysis. He died October 8th. 1873.

Post mortem twenty hours after death; rigor mortis well-marked; but little adipose tissue. Slight adhesions in both pleurae; about sixty four ounces of serum in the pleural cavities, that in the left side mixed with clotted blood. Right lung healthy but filled with black pigment; the left lung was also studded with pigment, congested, and of a dark red color; at the antero-inferior portion of the upper lobe there was a rupture of the lung tissue around which was a large quantity of loosely coagulated blood. Considerable serum was found in the abdominal cavity. The liver was congested and somewhat dark. The gall-bladder was fully distended with bile. The kidneys normal. The pericardium contained a quantity of serum. The heart was dilated; the walls rather thin; both ventricles were filled with partially coagulated blood; a white clot extended some distance from the left ventricle into the aorta. There were several calcareous deposits in the aortic valves; the mitral valve was thickened, calcareous, and its orifice reduced to a narrow chink."

(Sgd) G. L. Magruder, M.D.

Contributed by Dr. Magruder, Washington, D.C.

No. 1260. C.5.3.5.E61. 8710

Blighted foetus with membranes.

From a young married colored woman. She has a child previously, which died July 27, 1874; at this date she was menstruating, but has not done so since. She passed the specimen December 5. 1874

Contributed by Dr. F. L. Smith, Washington, D.C.

From Transactions of Med. Soc. & Dist. Secs.

CASE OF

No. 1261. C.S.S.S.B.12. 8711

Uterus and appendages exhibiting on the right side an oval fibroid tumor three inches in diameter, attached to the body of the uterus which is elongated to a length of five inches. On the left side is a rounded fibroid tumor two inches in diameter situated in the broad ligament and apparently not connected with the uterus. Two sessile fibroid polypi project into the cavity of the uterus. The ovaries appear to be normal. The entire specimen weighed 17 ounces.

From a woman, age 43, who died at the Washington Asylum.

Contributed by Drs. W. H. Triplett and W. H. Ross.

Washington, D.C.

See Microscopical Section, Nos. ~~7222 to 7224~~. 7565 to 7567.

No. 1262 C.S.S.S.E.62. 8712

Aborted foetus, supposed to be about the third month.

Mrs. L—, white, age 22, the mother of one child, which is still living and whose birth was natural. Her courses had been irregular for more than a year. She missed them finally for three consecutive months, during the latter part of which time she suffered from chills. Pains came on November 12th. 1874 quickly followed by profuse hemorrhage. After a labor of three hours the foetus was discharged. She recovered.

Contributed by Dr. J. W. Van Arnum, Washington, D.C.

No. 1263 C.S.S.S.E.63. 8713

Twin placentae.

Contributed by Assistant Surgeon A. L. Girard. West Point, N.Y.

No. 1264 C.4.S.4.F.7. 8714

Colloid cancer of the stomach, omentum and peritoneum.

August Edwards, age 55, white, widower, died November 2. 1874.

[Acting Assistant Surgeon D. L. Lamb.]

Autopsy 5 hours after death: body still warm; slight rigor mortis in extremities; abdomen humid.

Head and spine not examined.

Lungs somewhat congested posteriorly; left pleura contained several ounces of clear serum. Heart apparently normal. Oesophagus normal.

The abdomen contained about a gallon of straw-colored serum and an abundance of white flaky lymph. The under surface of the diaphragm was thickly coated with a soft pinkish gelatinous mass about an inch thick in the right hypochondriac and epigastric regions, and two to four inches thick in the left hypochondrium.

The stomach was much distended with gas and contained a small quantity of yellow fluid. The pyloric orifice was contracted quite firmly to the diameter of one-fourth inch. The stomach in the greater part of its extent was from one-sixteenth to one-eighth inch in thickness. The posterior wall, at and in the vicinity of the cardiac orifice, involving about sixteen square inches of its mucous surface, presented a fungoid mass projecting into the cavity of the organ, which varied from a slight increase of the normal thickness at the lower edge to an inch thick in some other places; the mass here and there was of a dark red color and in general appearance resembled the spots under the diaphragm. The peritoneal surface of the posterior wall was covered with a similar mass extending to the diaphragm, and of the thickness (two to four inches) previously stated. The duodenum was somewhat distended and contained a yellow liquid similar to that in the stomach. The remainder of the small in-

testine was much contracted and contained a little mucus. The caecum was flattened and contained a few lumps of natural looking faeces. The transverse and descending colon were contracted to the diameter of three-quarters inch and contained a little mucus.

The liver was smaller than normal and presented interlobular congestion. The gall-bladder was full of green bile mixed with a small quantity of tenacious, glairy mucus. The pancreas was normal. The spleen was small; its tissue healthy and the organ imbedded in the ~~soft~~ subdiaphragmatic mass. Around the coeliac axis were some enlarged glands of a soft, jelly-like consistence. The omentum was stuffed with oval and rounded pink, gelatinous bodies, varying in size from that of mustard seed to that of grapes, the whole forming a mass in some places as much as two inches thick.

The right kidney weighed five ounces, the left, six; they appeared to be fatty and contained a few minute cysts. On the surface they were indistinctly lobulated and somewhat granular.

See Microscopical Section, Nos. 7099 to 7103. Omentum. 7109 to 7110. Supra-renal capsule 7167 to 7175. Stomach.

Contributed by Surgeon Basil Norris, U.S.A.
Washington, D.C.

Nos. 1265 C.3.3.2.F.6. 8715 — Posterior and lateral portions of right lung coated with a cheesy deposit to which is attached a similar cheesy material dissected from the parietal pleura. The lung and liver are both adherent to the diaphragm. The section shows a very large cheesy bronchial gland. See Microscopical Section, Nos. 7061 to 7064.

1266 c.6.3.2.No.31 8716 — Sternum with costal cartilages and portions of the ribs of the right side attached, exhibiting patches of caries.

See also Microscopical Section, Nos. 7053 to 7056. Pancreas. 7065 to 7067. Muscle. 7104 to 7108. Supra-renal capsule.

1267 c.4.3.4.E.19. — Portion of the intestines with tubercular peritonitis.

See Microscopical Section, Nos. 7057 to 7060.

8717 — A.R.—, colored, [female,] age 15 years 2 months; born in Virginia, a house servant. Father died suddenly while at work; had had a cough for some months. Mother living; in good health; has had a cough for many years. Two sisters and two brothers living and in good health.

The patient had measles at the age of six years; he does not remember that he ever was free from cough. In the Autumn of 1873 the cough was more frequent, with muco-purulent expectoration. He was never stout nor well-grown, but loss of flesh was noticeable from this date. No cause was assigned for the development of lung disease.

In the Spring of 1874, two tumors appeared on the anterior thoracic wall of the right side, increased to the size of a hen's egg, and were opened with a bistoury by the attending physician, who believed they contained pus. A considerable quantity of pus was discharged and has continued to be discharged since that date. The upper opening was situated between the second and third ribs to the right of the sternum; the lower between the sixth and seventh ribs, four inches to the right of the median line. Dr. Maguder [G.L.] the attending physician referred to, states: "a little later than the appearance of the second tumor, a third tumor appeared to the right of the lower dorsal vertebrae, which disappeared subsequently to the opening of the anterior tumors."

During the Summer of 1874, the cough increased, breathing became more labored; he lost flesh and strength from month to month. He continued as servant in a small family. Appetite good. In September, the cough, expectoration which was purulent and abundant, continued. In October there were night sweats occasionally; the bowels were irregular, diarrhoea and constipation alternating.

From Transactions of Med. Soc. Dist. Col.

October 19th., admitted to Children's hospital. Condition on admission: emaciation great; limbs small; chest walls thin; countenance expressed pain especially on coughing; not confined to bed; stoops in walking; is very feeble; cough frequent and harsh; expectoration not abundant, purulent, with some frothy mucus and streaks of blood. Pain in right side. The two openings discharged pus. Dead bone was felt on probing the upper opening; the probe passed into a long fistulous tract in the lower opening. The flow was always greater during the violent expiratory movements of coughing. Mobility of the right side was less than normal; the vocal fremitus was about equal on both sides. Dulness over the whole of right side. Coarse moist râles in right subclavicular region; cavernous breathing with gurgling râles in mammary and inframammary regions; occasional friction sounds. Posteriorly over the whole of the right lung, feeble respiration with mucous râles. Vocal resonance greatly exaggerated over the whole of the right lung, anteriorly and posteriorly. Pectoriloquy in mammary region. Percussion normal over left lung. Respiratory murmurs exaggerated with a few moist subcrepitant râles. Tongue clean; appetite good; dianhoea, six to eight stools daily; abdomen not distended. Ordered to remain in bed on account of dianhoea and debility; nourishing diet and astringents.

October 21; cough, pain in chest; expectoration; dianhoea checked; appetite good. 26th., cough less; no pain in side; no dianhoea. Permitted to sit up; cod liver oil and whiskey. Condition unchanged during latter part of October and first two weeks of November; debility great; occasional dianhoea and night sweats. Opiate at night; Niemeyer's pill of digitalis, quinia and opium three times daily; cod liver oil, &c. Discharge from fistulae abundant; mattress often saturated in the morning; when sitting on the vessel at stool, pus frequently ran to the floor in an unbroken stream. Confined to bed from the 12th. On the

15th., the sound of air was heard issuing from the upper opening. 17th., aggravation of all the symptoms; chill at night. 18th., sinking; conscious. 19th., died at 7.45 A.M.

Record of Temperature, Pulse, and Respiration.

Date	Degrees of Temperature		Pulse		Respiration		Date	Degrees of Temperature		Pulse		Respiration	
	Morn.	Eve.	Morn.	Eve.	Morn.	Eve.		Morn.	Eve.	Morn.	Eve.	Morn.	Eve.
October 19		103.4		120			November 4	98.8	104.4	100	140		
20	98.6	102.4	98	111			5	97.	103.	100	140		
21	98.	104.2	92	132			6	97.6	101.8	114			
22	98.	104.2	98	140			7	97.8	101.8		116		
23	98.6	103.2	104	112			8	97.	104.2	104	110		
24	98.	103.8	110	129			9	97.	103.8	112	124		
25	97.8	102.4	88	136			10	97.4	103.	88	148		52
26	98.	103.2	98	114			11	99.	102.	112	120	28	40
27	97.	103.2	90	136			12	97.	103.8	98	136	28	50
28	97.	103.4	104	130			13	97.	104.	92	138	45	46
29	97.	103.8	92	128			14	98.	101.	112	120	26	50
30	97.6	102.2	96	120			15	97.	105.	90	140	30	44
31	98.4	102.6	100	136			16	97.6	103.	100	156	33	46
November 1	99.	103.	112	120			17	96.	98.	96	130	44	60
2	99.6	103.8	104	138			18	96.4	102.6	102	150	28	
3	98.4	103.6	92	128			19	95.					

Autopsy (by Acting Assistant Surgeon D. L. Lamb) six hours after death: rigor mortis was observed in the extremities. There was an external opening about one-third of an inch in diameter, situated just at the right of the sternum between the second and third ribs, and a similar one between the sixth and seventh ribs on the anterior aspect of the thorax four inches to the right of the median line.

The head and spinal cavity were not examined.

The right lung was pressed upwards and inwards and contained but little air; it was nearly filled with whitish masses of a size

varying from a few lines to 1½ inches in diameter, of irregular shape, most of them of pretty firm consistence, but a few which were of large size had softened into cheesy masses with thick walls. The right bronchial tubes were reddened and contained large quantities of a red granular substance. The right pleural cavity was filled with a thick, soft, yellowish-white, friable mass, penetrating in many places into the intercostal muscular tissue, and in a number of these denuding the sternum and ribs, which at such points were carious. A cavity containing soft cheesy pus was found in this mass under the anterior curvature of the fifth to the eighth ribs and communicated externally by the lower opening above mentioned. The points at which bone was denuded by the cheesy mass were anteriorly as follows: at the margin of the sternum between the second and third and third and fourth costal cartilages, the posterior surface of the third costal cartilage being also partially eroded; the posterior surface of the fourth rib, a few inches from the right border of the sternum; the posterior surface of the eighth rib near its costal cartilage; and the anterior surfaces of the sixth, seventh and eighth ribs near the costal cartilages; in this latter location there was a cheesy mass in front of the ribs which extended from the sixth to the eighth ribs over the carious portions, dipped down between the ribs and became continuous interiorly with the cheesy mass in the pleural sac. The lower of the two external openings above described was seated in this mass. Posteriorly several of the ribs were denuded in a similar manner, especially in the neighborhood of the vertebrae. The bronchial glands were enlarged and cheesy, one of them being 2½ by 1½ inches in diameter.

The left lung was crepitant; on section there exuded much frothy, bloody liquid; in the upper lobe there was a patch of pale dense tissue (atelectasis) about an inch in size. On the lateral surface of the

lower lobe was a subpleural soft dark blood clot, occupying a cavity 1½ by ½ inches; a similar but smaller subpleural clot was found directly above this, in the upper lobe. The organ throughout presented small tubercles; the pleural surfaces, visceral and parietal were coated with whitish thin pseudo-membrane.

The pericardium contained about a tablespoonful of straw-colored serum and presented two white nodules; one of these, one-fourth inch in diameter was situated between the coats of the upper portion posteriorly; the second was smaller, lower down, more to the left, and projected polypus-like into the pericardial sac. The heart was normal and contained white clots which adhered closely to the columnae carneae.

There were innumerable round, white, dense masses, from the size of millet seed to an inch in diameter, throughout the abdomen, under the peritoneum of the viscera, more especially the intestines, mesentery and liver; there was also an abundance of shreddy lymph upon the intestines. The stomach was quite pale and contained only a little mucus. The mucous membrane of the small intestine was reddened in patches but was otherwise normal; the intestines, both small and large, were collapsed and contained much yellowish-green faecal matter. The liver was somewhat pale (fatty?); it contained a few miliary tubercles. The spleen, pancreas, supra-renal capsules and kidneys appeared to be normal. The latter each weighed 3½ ounces.

Contributed by Dr. W. W. Johnston,
Washington, D.C.

No. 8818
1268 Skeleton of an eight months foetus with club hands and rudimentary ribs and scapulae.

C. S. No. 40

In the recent state, there was misdirection of the axes of the fingers and toes; the two smallest toes of each foot were partially united. The internal organs were normal. The mother, a single woman, age 18, black, and without deformity, was confined with this, her first offspring, in natural labor Friday October 30. 1874.

Contributed by Dr. Moses Cooper,
Washington Asylum.

From Transactions of Med. Soc. Dist. Col.

No. 12-69. C.4.2.3.C.6. 8719

Strangulated hernia of a knuckle of ileum through an opening in the mesentery.

Ed. Williams

A light mulatto man, age 18. First seen October 30. 1874, (Wednesday). According to his mother he had eaten heartily of oysters and cheese on Saturday night previous to his attack, which commenced on Sunday morning. He became ill quite suddenly; the pain came on like colic and was attributed by him and his mother to indigestion. He had some difficulty in getting home after the pain came on; had to stop and rest a number of times. The erect position increased his suffering. His mother gave him a large dose of castor oil; hot applications, mustard, &c. were made to the abdomen. The oil failing, she gave him on Monday, Epsom salts, afterwards Rochelle salts and citrate of magnesia, without effect. In the meantime the abdominal pain increased and spread over the entire surface; and copious vomiting set in.

When I saw him, he was sitting upon a box, groaning in pain as he leaned upon the bed; he would lie in bed only for a short time and finding more ease in this sitting posture he maintained it for many hours at a time. He had spent Tuesday night in this way. The abdomen was hard and tender, swollen just above the pubis and towards the right side. The doctor had never felt so hard an abdomen which did not contain a solid

tumor; pressure with the ends of the fingers made no more impression on it than upon a pine board. Tenderness, although considerable, was less than I ever observed in peritonitis. Patient much tormented with hiccough. He had vomited nearly a chamber-full of dark brownish liquid during the night. It looked faeculent but no faecal odor was noticeable on stirring it; the patient said it tasted sour and bitter. I feared some intestinal obstruction and recognized the peritonitis. Ordered absolute rest in bed; hot fomentations over abdomen; sulphate of morphia one-fourth grain every two hours until the pain was relieved or the patient slept. He had not slept for two days and nights. At 6 P.M., comparatively free from pain except upon pressure. The vomiting continued. The pulse was small, rapid and weak. Injections of castor oil, turpentine and a quart of warm water; morphia in diminished doses. Thursday 9½ A.M. He had slept little or none at all; had vomited frequently; the vessel was full of the dark brownish fluid which had constituted the greater part of the vomit during his illness. The hiccough had been troublesome. The injection had not been used. The morphia was kept up; hot poultices to the abdomen; and diuretics on account of the difficulty in passing water. In the afternoon Dr. Muncaster saw him with me, as I did not feel sure as to what the case really was. Dr. Muncaster thought he had seen bilious attacks with all these symptoms and advised in addition to previous treatment: calomel and subnitrate of bismuth every hour till the bowels should operate well. The enema was insisted on. For the hiccough, twenty drops of sulphuric ether to be given in a little water hourly until relieved. Friday 8½ A.M.; much worse; all the powders taken without catharsis; hiccough entirely relieved; had not slept; vomiting continued; toast and tea retained; beef tea, milk punch, &c, vomited as soon as followed. Pulse, previously

120, now 88; surface previously warm, now cool; constant desire to move about and get out of bed; he lay curled up on his right side, almost in a state of collapse. He had not urinated since the last visit and I drew off about two drachms of urine which was highly albumenious. Dr. C. E. Wagner was called in, who thought the symptoms pointed to intussusception and that his condition gave but little if any hope. The abdomen was not so hard as before, but was very tender especially in the right epigastrium. The injections had brought away at first only a few small lumps, the second returning only slightly discolored. Dr. Wagner suggested hot turpentine stupes, whiskey hypodermically; and one powder of twenty grains of calomel. At 5 P.M. on Friday, Dr. Muncaster and I saw him again. With the conviction of obstruction existing somewhere and that it was probably intussusception, we got the patient into the knee and elbow position and injected a large quantity of warm water; and kneaded the abdomen somewhat in the hope of overcoming the interfolding of the intestine by the weight of the water. The patient retained some chloral, and was ordered beef tea, whiskey, and fomentations to the abdomen. Died at 8 P.M.

Autopsy (Acting Assistant Surgeon D. S. Lamb) 17 hours after death: There was some rigor mortis in the extremities; the body was well-developed and in good flesh; the abdomen was somewhat tympanitic.

The head and spine were not examined.

The lungs were congested posteriorly; each pleural cavity contained two ounces of bloody liquid. A similar liquid was found in the pericardium; the heart was flabby; there was an old, thin, white patch of lymph, of an almond shape and about 1½ inches in length on the anterior surface of the right ventricle; the heart cavities contained fluid blood and reddish white clots; the valves were normal.

Recent adhesions were found generally throughout the abdomen; in the upper part they were of a somewhat greenish hue; below the line of the umbilicus they were of a reddish-brown color, much more numerous, and were quite thick but yet were readily broken up. The peritoneum was congested, and below the line of the umbilicus was everywhere of a brownish-red color, the deepest coloring being in the right iliac region. There was about a pint of bloody liquid in the abdomen, for the most part in the pelvic cavity.

The liver was firm, pale, nearly bloodless, and of a mottled red and yellow color. The gall-bladder was full of bile. The spleen and pancreas were normal. The kidneys were much congested; the right weighed 4½ ounces; the left three ounces.

The stomach was darkly congested toward the pylorus and contained a thin brownish liquid. The small intestine was distended with gas, congested, and contained a thin lining of a soft, yellowish gray substance. About one inch from the ileo-colic junction, the mesentery presented an opening, about one inch in diameter, having smooth, rounded edges; the lower border of this opening was but a few lines from the mesenteric attachment of the ileum. Anterior to this ring, and strangulated by it was a loop of the ileum, about six inches in length, distended with bloody liquid, and covered with patches of bloody lymph. Posteriorly and in continuation of the same tract, was another coil of the ileum, of about twice the length of the anterior loop and in a similar condition. In breaking down the adhesions of these loops, the peritoneal coat appeared to be eroded. The tissue of the strangulated loops appeared to be quite friable. The ileum above the incarceration presented for several inches, which was as far as it was examined, decided enlargement of Peyer's patches and the solitary glands. The mesenteric glands were enlarged and several of them were calcareous.

the caecum and ascending colon were contracted and contained soft, grayish, foecal lumps; the descending colon and rectum were contracted and contained similar faeces. Small, superficial, scooped ulcers were found in the caecum.

Contributed by Dr. J. Taber Johnson,
Washington, D.C.

No. 1270. C.7, no.10. 8720
Epithelial crust from the right nipple of a single woman about fifty five years old, who has a scirrhus of the right breast. The crust remained attached about three years, and when it fell off, left merely an excoriated nipple.

Contributed by Dr. James E. Morgan,
Washington, D.C.

No. 1271 C.6.S.2.32. 8721
Portion of frontal bone from above the left orbit with a small, oval flattened exostosis on the inner surface.

From a colored man, age 40, in whom epilepsy had appeared two years before death; the attacks constantly increasing in frequency and severity until he died February 1.1875, in a paroxysm. He never had had syphilis.

At the autopsy the head only was examined. There was some arachnoidal effusion, a deposit of lymph for a space about four inches square at the vertex; and the exostosis above described.

Contributed by Dr. J. Y. Hartigan,
Washington, D.C.

March 31, 1875.—Dr. Lovejoy, President, in the chair. Dr. Kleinschmidt, Sec'y.

Vol. 2. p. 45. EPILEPSY.

Dr. Hartigan presented a specimen taken from an epileptic patient. It consisted of a section of the left frontal bone, showing upon the inner plate a button-like protuberance. Patient had had epileptic attacks for some years, which of late had increased in frequency, as often as three daily. From the position in which he was found he probably died in a paroxysm.

Transactions of the Medical Society of the District of Columbia.

No. 1272 bkf. no. 11. 8722
Desquamated cuticle from the foot of a man, aged 20, who had suffered from what was supposed to be scarlet fever when 6 years old, again at 10, 18 and 20 years of age. In the present attack there was an eruption like that of scarlet fever, which appeared forty eight hours after the fever began; and desquamation commenced on the face about three days after.

Contributed by Dr. D. C. Patterson,
Washington, D.C.

No. 1372, perforated ileum is from this case.

No. 1273. C.S.S.S. B.13 8723
Uterus with an oval intramural fibroid, three inches in long diameter; when fresh, was of a whitish color and pretty firm consistency.

See Microscopical Series, Nos. 7215 & 7217, 8720 & 721-11.

From Dolly Bell, colored, age 58, weight about 250 pounds, who had had frequent attacks of dyspnoea without any pulmonary hemorrhage and died suddenly February 25.1875.

At the autopsy, the head was not examined; the lungs were healthy or at most but slightly congested; there were dark clots in the right ventricle extending into the pulmonary artery, none in the left; the valves were healthy; the liver, spleen and kidneys appeared to be normal.

Contributed by Dr. D. C. Patterson.
Washington, D.C.

No. 1274. C.4.S.3.0.5 8724
A portion of the stomach and of the duodenum; the latter presenting two perforating ulcers.

"Thomas Johnson, forty five years of age, presented himself for treatment for the first time on the 14th.

of April [1874], the symptoms then given indicating a case of mild gastric catarrh of a few weeks duration, the symptoms being a feeling of distension after eating, occasional cardialgic attacks and emesis, occurring at variable interval after meals. Pain on pressure was but little complained of. On particular enquiry the statement was made that occasionally the vomited matters had been slightly streaked with blood. On the morning of the 19th., he was suddenly seized with excruciating pains in the abdomen; the skin became cold; the countenance sunken and cyanotic; the heart's action very weak, the radial pulse hardly perceptible. Narcotics, and cold compresses to the abdomen relieved the pain and the patient revived considerably. On the evening of the 20th. again a state of collapse supervened, in which state, four hours after its commencement, death took place from failure of heart action. Twelve hours after death the post mortem examination was made. The visceral and parietal layers of the peritoneum were greatly reddened. In the dependent parts of the abdominal cavity there was a considerable amount of turbid serum. A deposit of a thick, soft, yellow layer of coagulated fibrin had taken place at different places of the parietal and visceral peritoneum but most abundantly on the concave surface of the liver. The coats of the small intestines were thickened from oedema. In the walls of the duodenum half an inch from the pyloric orifice of the stomach, two ulcers were found. The floor of one was the pancreas to which the duodenum had become adherent; the other, on the upper side, had perforated all the coats of the duodenum, allowing the free escape into the abdominal cavity of the contents of the intestines. The ulcer had a sharp edge, the loss of substance in the mucous membrane being more extensive than in the muscular coat; it was nearly circular and fully one-fourth of an inch in diameter. The specimen has been preserved. The other organs of the body were healthy." [Copied from the Monthly Report of Sick and Wounded for April 1874].

Contributed by Hpt. Surg. F. W. Elbrey.
Beaver, Utah Territory.

No. 1275. C.J. no. 12. 8725

Mice, with ulceration of the head.

These with two others, similarly affected, were supposed to have belonged to one family litter, judging from their size and apparent age. Dr. Irwin says: [label on jar] "One became apparently tame owing to loss of special senses.

See Microscopical series, No. 7789.

Contributed by Surgeon B. J. D. Irwin,
West Point, N. Y.

Nos. 8724 1276 C.4.S.2.B.9. 1277 C.4.S.1.13.B. 8723

Stomach with a perforating ulcer in the posterior wall, near the middle of the lesser curvature. Spleen which weighed when fresh, 6 drachms.

Kate Thompson, a maiden lady, age 75, died in February 1875. The perforation was supposed to have resulted from a foreign body (two artificial teeth with gold plate, presumed to have been swallowed some months before death; which gave rise at the time to a severe attack of gastric inflammation, haematemesis, &c. &c. The post mortem examination did not reveal the foreign body and it is more than probable that it escaped through the opening into a corresponding one in the transverse portion of the large intestine. There were several cicatrix-like thickenings of the pleura with atheroma of the aorta and calcareous deposits in the semilunar valves. The

arteries of the base of the brain were also affected with calcareous atheroma," and the falx cerebri was extensively ossified."

N.B. The perforated intestine referred to above was not received at the Museum.

Contributed by Surgeon B. J. D. Irwin,
West Point, N.Y.

No. 1278. C.5.9.5.E64. 6728 Aborted ovum, said to be about the first month. Identified microscopically by the presence of the chorion villi.

Contributed by Surgeon B. J. D. Irwin,
West Point, N.Y.

See Microscopical Section

No. 1279. C.4.S.3.N.32. 6729 Two taenia with heads. One measures 9 and the other 12 feet.

Removed at an autopsy on Dr. P. Ralph Darby March 10. 1875, who was said to have died from uraemic poisoning. See Microscopical Series, No. 7543, section of kidney.

Contributed by Dr. J. F. Hartigan,
Washington, D.C.

D from both consid an sh ti ts

Transactions of the Medical Society of the District of Columbia.

No. 1280. 6.4.S.3.2135. 6730 Caecum and part of colon, with diphtheritic sloughs. From a case of dysentery.

Private Michael Murray, company "B", 11th. Infantry. Admitted August 29th. 1874. Chronic diarrhoea. Died September 13. 1874 of chronic dysentery.

Autopsy three hours and a half after death: emaciation extreme; rigor-mortis well-marked.

Abdomen only examined; the peritoneum was found lightly adherent to abdominal wall particularly along the right side; flakes of an inflammatory exudation being scattered over the membrane, appearing in granular masses upon the great omentum. The intestines were agglutinated together at numerous points, and the peritoneal cavity flooded with a fluid having a strong faecal odor. An extremely foetid gas escaped upon puncturing the peritoneum. Upon turning down the integument of the right side, the muscular layer of the abdominal wall was found pierced by ulcerative action at two points; one perforation starting from the caecum at its fundus, the other communicating with the ascending colon some two inches higher up than the former. These sinuses were surrounded by an inflammatory areola, the neighboring parts being so tightly glued together that had the ulcerative action continued long enough to perforate the integument, an artificial anus or two would have been formed and the man's life perhaps prolonged. Upon removing the caecum and colon, the following additional lesions were found: two inches from the ileo-caecal valve, a perforation, oval in shape, 1½ inch long and ¾ inch broad; about the middle of the ascending colon, an opening in the gut, nearly circular in shape and two inches in diameter. At about the centre of the transverse colon, inferiorly, for a distance of three inches, one-half of the calibre of the bowel was entirely destroyed. Excepting the perforations that were directed to the integumental surface, all the others were in a gangrenous condition. The entire colon and rectum were stripped of mucous membrane, a fragment three feet in length and gangren-

ous lying loose in the bowel. Particularly well marked at the hugerient in the transverse colon, is the carnified appearance of the gut, the sensation given to the touch being similar to that of a piece of wet sole-leather held between the fingers. The subserous connective tissue was densely and largely infiltrated, so as to be in nodular masses. The stomach and small intestines were pale and flabby, but not markedly diseased. The liver, spleen, and kidneys were contracted and pale, but contained no purulent collections.

Contributed by Actg. Hpt. Surg. C. W. Knight,
Fort Gibson, Indian Territory.

†

No. 1281. 6.4.9.3.P.4. 8731

Portion of ileum showing slight hypertrophy of the villi and enlargement of the closed glands. From a case of sporadic cholera.

Private James T. Bell, company "G", 9th. Cavalry, was brought to the hospital from the guard-house at sunrise September 22. 1874, and died while being laid upon a bed. Diagnosis - Asiatic cholera.

Autopsy 5 hours after death: The calvarium was strongly adherent; there were tubercles [?] in the dura mater along the falx cerebri; the arachnoid membrane was deeply opalescent and strongly adherent to the pia mater; all the vessels of the membranes of the brain were full of dark blood, which did not flow upon cutting, and they were found to be ruptured in several places, but with little extravasation of blood; the section of the brain substance was entirely free from blood points; there was a large quantity of serum in the ventricles and spinal canal.

On cutting the tissues to reach the cavity of

the chest and abdomen, both areolar and muscular tissues were extremely devoid of blood. The lungs were perfectly healthy and entirely free from adhesions, but loaded with black patches of pigment. The heart was of natural size and almost empty; the larger vessels attached to it were filled with solid coagula. The prominent feature on the first inspection of the cavity of the abdomen was the deep pink color of the intestinal peritoneum and the extremely small size of the omentum. The contents of the small intestine resembled rice water. The colon was much contracted. The right kidney weighed 5 ounces, the left 5½ ounces; both were to all appearances normal.

Contributed by Hpt. Surg. H. B. Campbell,
Ringgold Barracks, Texas.

Febru[illegible] Dr. L[illegible] President in [illegible]
Transactions of the Medical Society of the District of Columbia.

No. 1282. 6.5.9.5.E.6.5. 8732

Cystic degeneration of the villi of the chorion. (Hydatid mole).

See "Transactions of the Medical Society of the District of Columbia" Vol. 2, No. 2, page 34.

Contributed by Dr. J. Taber Johnson,
Washington, D.C.

Nos. 1283 6.2.9.2.D.3. 8733
1284 6.4.9.3.K.2. 8734

Aneurismal dilatation of the descending aorta and common iliacs.

Portion of descending colon, extremely contracted. See Microscopical Series, No.

Mr. White; white, age 75. Died April 29. 1875. Autopsy 5 hours after death (Actg. Hpt. Surg. D. L. Lamb): there was slight rigor mortis; the

body was much emaciated; there was an ulcer an inch in diameter on the middle of the sacral region; the left leg was shorter by two inches than the right; the outline of the left thigh was altered by overlapping of the fragments of a fractured femur.

The head and spine were not examined.

The heart presented a patch of old membranous lymph on the middle of the anterior aspect of the right ventricular wall; there was a calcareous deposit in the aortic valves; and the arch and thoracic portions of the aorta presented calcareous plates between the coats. The right lung was somewhat collapsed in the upper lobe; the posterior portion of the lower lobes was hepatized and presented a number of purulent foci of small size; the remainder of the lower lobes was much congested; there were some pleuritic adhesions of this lung. The left lung was in a similar condition, not so far advanced, the hepatization being mainly confined to the posterior portion of the lower lobe.

The liver was very firm and pale; the gall-bladder full of bile. The spleen was small and firm; weight about 1½ ounces. The pancreas was normal. The kidneys contained a few small cysts. The stomach was much distended with gas; the small intestines and ascending colon collapsed; the transverse colon contained some faecal lumps; the descending colon and sigmoid flexure much reduced in calibre, size about half an inch; the rectum contained some faeces. The bladder contained a little urine.

The abdominal aorta and its branches presented calcareous deposits thickly scattered along its tract between the coats. Just above the iliac bifurcation, the aorta presented a diffused dilatation; both common iliacs were in the condition of aneurismal dilatation, the left one the larger and filled with a clot deposited in layers and containing a cavity; the left internal iliac presented an aneurism an inch in diameter and stuffed with a solid pale clot.

No. 6524, Surgical Series, is the left femur, fractured obliquely in its upper third.

Contributed by Dr. G. L. Palmer,
Washington, D. C.

Nos. 1285 6.2.9.2.6.24 8735 Aneurism of the thoracic aorta, in which, on its rupture, the blood burrowed in the connective tissue between the aorta and oesophagus and escaped into the cavity of the abdomen.

1286 6.4.9.5.A.3. 8736 Congenital fissure on the upper surface of the right lobe of the liver.

History by Dr. Evans: January 6th. 1875, I was called to see Louis Erlmann, age 39, a Hungarian by birth, weighing probably 200 pounds, and of powerful physique; and found him suffering from severe pain in the interscapular region and left side of the thorax below the nipple; feeling of general discomfort and mental depression. He informed me that he had been in the military service for a number of years, the last four or five of which he spent in the 44th. regiment as a musician, blowing a heavy brass instrument, which caused him so much pain and discomfort in the chest that he had to abandon it. For some time prior to his death he had been employed as a night watchman in the Treasury Department. He informed me

that he had been troubled for about a year past with these wandering pains about the chest and back, some cough, and general discomfort about the chest, but principally confined to the regions above stated and for which he had taken various remedies with only partial relief. I ordered chloral hydrate and bromide of potassium, with local applications to the chest, which so far mitigated the pain and afforded him such general relief as to render him able to return to his duties. But on the 12th. of January, I was again sent for, and from that time to his death I saw him almost daily. I tried various plans of treatment as his disease was obscure, with varying results; at times feeling very much better and then reverting to his former condition. At first his respiration was good; heart action regular; no abnormal sounds about the chest; appetite fair, but complained of something in his throat which worried him and made him nervous and distressed and interfered to some extent with deglutition. These symptoms varied however as I have stated, at times being free almost from them all. But from about February 24th. he grew gradually worse; the heart's action becoming rapid, irregular and labored; pulse over a hundred and intermitting; urine scanty and loaded with phosphates; unable to sleep or rest at night unless under the influence of morphia or chloral hydrate. On the 14th. of March, at my suggestion, Dr. Johnson Eliot was called in consultation, as I was wholly unable to arrive at a satisfactory diagnosis. At that time he was in the condition above stated, and we concluded to continue about the same treatment as far as I can remember. As he continued to grow rapidly worse, Dr. Eliot was again called in consultation on the 26th. at which time the

heart's action was very irregular; pulse rapid and intermitting; respiration difficult; cough distressing; pain acute; dysphagia extreme; with great mental depression; auscultation reveals mucous râles and dulness on percussion only; all of which continued to increase till about 9.15 P.M. of the 28th. of March when he requested his wife to raise him up, immediately after which he fell back and expired, there being some nausea but no vomiting of blood.

Autopsy 14 hours after death (Actg. Hos. Surg. D. L. Lamb): rigor mortis was marked.

The head and spine were not examined.

The right pleura contained 20 ounces, the left pleura 4 ounces of bloody serum. The left lung was quite firmly adherent at the apex, base and sides; its upper lobe was oedematous, the lower lobe congested; the lower margin of the lower lobe was collapsed, pale and bloodless. The pericardium contained 3 ounces of straw-colored serum; the heart was flabby but appeared to be normal in structure; the right ventricle contained a small white clot; the valves were normal.

The thoracic aorta presented an aneurism, commencing about one inch from the origin of the left subclavian artery, extending downwards four inches along the track of the aorta, and projecting forwards and towards the left side; it was about five inches in breadth and three inches from before backwards; adhesions had been formed with the left lung and oesophagus. The inner wall of the aneurism was in many places ulcerated, and a false passage had been formed into the submucous areolar tissue of the oesophagus; this passage continued its

course into the submucous tissue of the stomach at its cardiac extremity and there opened into the abdominal cavity.

The peritoneal cavity contained black blood clots thickly spread over and between the viscera, sufficient in quantity to fill a half gallon measure; there was also about a quart of bloody serum in the cavity. In the vicinity of the cardiac extremity of the stomach, the subperitoneal tissues were stained brown, and there were many adhesions.

The stomach contained some sour-smelling yellowish liquid, and in the cardiac extremity a black clot the size of a fist. In addition to the staining above-mentioned, the coats of the cardia, especially the muscular, were very friable from infiltration of blood; the mucous coat was in some places very much thinned and had evidently ruptured. It was not positively determined whether the abnormal opening found was antemortem or to be attributed to manipulation of the friable coats.

The small intestines were collapsed and appeared to be empty; they were not opened; the ascending and descending colon contained gas. The pancreas and kidneys appeared to be normal; the bladder nearly empty. The spleen weighed 21 ounces but was normal in structure; it was covered almost everywhere with thick tough adhesive bands. The liver was fatty; the capsules presented on the upper and under surfaces half a dozen patches of thickening and contraction; the right lobe presented a longitudinal zigzag fissure on its upper surface about half an inch in depth, the sides of which were connected by slight adhesions.

The body contained an abundance of fat.

Contributed by Dr. Warwick Evans, Washington, D. C.

No. 1287. 62.9.2.6.25 8737

Aneurism of the arch of the aorta, which has caused partial absorption of the second and third ribs on the right side and projects as a tumor externally.

Charles F. Howard, age 45, white, weight apparently 150 pounds. Died July 5. 1875.

Autopsy 26 hours after death (Actg. Hpt. Surg. D. L. Lamb): slight rigor mortis in limbs; suggillation posteriorly; much oedema of lower limbs, scrotum and penis; the upper anterior right side of the chest was prominent.

The head and spine were not examined.

The second, third and fourth ribs anteriorly on the right side were prominent, forming with the intercostal tissues a tumor elevated about one inch above the normal line, rounded in shape and about four inches in diameter; the portion of the tumor involving the third intercostal tissues presented a farther prominence an inch in diameter, soft and fluctuating. The upper lobe of the right lung contained air and serum; the lower lobe and the whole of the left lung were collapsed and congested; the upper lobe of each lung was firmly adherent; the remaining pleural surfaces were covered with thin pseudo-membrane; the left pleural cavity contained serous fluid, the right, sero-sanguineous. The pericardium contained yellowish serum and both surfaces presented patches of old pseudo-membrane. An aneurism of the aorta occupied the med-

in March 1875. His appetite during last Winter was good; he ate meat, vegetables, &c. There was no indigestion and less pain than formerly. At last he was confined to bed and there remained for six weeks, till death took place. He had occasional diarrhoea; rapidly emaciated; anasarca gradually increased; he began to cough and expectorate bronchial mucus a few weeks before death. There was no loss of intelligence. He died from exhaustion May 21. 1875.

Autopsy (Actg. Hpl. Surgeon D. L. Lamb) 24 hours after death: there was no rigor mortis; much emaciation; the muscles were thin and pale; watery fluid was found in the connective tissues; there were large transparent bullae here and there on the arms, legs and back; the arms, legs and feet were very oedematous, as was also the scrotum; there were large livid patches on the ~~fr~~ posterior portions of the body.

The head and spinal canal were not opened.

The right pleura contained 3 pints of straw-colored serum, the left pleura six pints; in the pericardium a teaspoonful. The lungs were free, slightly congested posteriorly and oedematous. The heart weighed 7½ ounces; the adipose tissue on its anterior aspect had been mostly substituted by serous accumulation; there were large soft black clots in both ventricles; the valves and ascending aorta appeared normal. The oesophagus was somewhat distended with fluid and gas, and its walls were much thinned.

The stomach contained a small quantity of nearly digested food, and a small amount of gas not sufficient to warrant the term 'distended'; the coats appeared to be normal except close by the pylorus, on the greater curvature, where there was a circular,

prominent, distinctly outlined patch, about 1½ inches in diameter and having an irregular summit. There were no adhesions of the peritoneum. The small intestines were normal. The caecum was much distended with gas; the hepatic flexure of the colon was sigmoid in shape, the transverse colon having been congenitally doubled on the ascending portion before proceeding in the transverse direction; the ascending and transverse colon were somewhat distended with gas; the descending colon much contracted, and the rectum contained a large quantity of soft faeces. The liver weighed 26 ounces, was slate colored externally and normal within; the gall-bladder was distended with bile. The spleen was dark-brown and weighed 2 ounces. The kidneys appeared normal; each weighed 4 ounces. The bladder contained a small quantity of urine.

Contributed by Dr. W. W. Johnston,
Washington, D. C.

No. 1290. S.S.H.C.I. 8740

Supra-renal capsules with cheesy deposits, which are most numerous in the right capsule. From a case of Addison's disease.

Mrs. Lucy Wilson, white, widow, aet. 31, tailoress, first noticed a discoloration around her mouth three years before her death, but it did not extend much until the Summer of 1874, since when it had been rapidly spreading until the whole body was affected as described in the autopsy. The black spots mentioned first made their appearance in January 1875. The patients previous health had been pretty good with the exception that

her monthly periods had for a long time occurred every three weeks and were sometimes excessive in quantity. She had never been pregnant though married for 8 years. About the beginning of the winter of 1874-5, she began to complain of feeling weak, could not work regularly, and when she did work, was much prostrated afterwards. After the first of January she gave up work altogether. Her feet and legs became swollen; she began to suffer from constant pain in the back and left side, with dyspnoea on going upstairs. Dr. Young first saw her in March 1875. On the 25th. of that month she had an attack of facial erysipelas which lasted six days. April 5th., uncontrollable nausea and vomiting set in. She could take but little nourishment, complained of great pain at the pit of the stomach, and a constant tired feeling; pulse small and quick; sleeplessness. Died April 15. 1875.

Autopsy 24 hours after death (Actg. Asst. Surg. D. L. Lamb): there was slight rigor-mortis; the face presented many black spots, varying in diameter from 1/8 to 1/4 of an inch, some were slightly elevated, the remainder not so; some were of a uniform depth of color, others were darkest in the centre; the face was otherwise of a faint yellowish-brown hue; there were a few similar spots on the sides of the trunk and legs; the body and limbs were of a lighter yellowish-brown than the face.

The head and spine were not examined.

There was an abundance of fat in the subcutaneous areolar tissue; over the abdomen being an inch in thickness. The right lung was much collapsed, firmly adherent anteriorly and at the apex by old adhesions; posteriorly it was much congested; it contained several calcareous deposits; there was about a tablespoonful of bloody fluid in the pleura. The left lung was in a similar condition to the right; the adhesions were more extensive and the calcifications were more numerous and of larger size; there was a tablespoonful of bloody fluid in the pleura. The heart was flabby, and contained a few small clots and a little blood.

The stomach and intestines presented some hypostatic congestion; they were empty except of a small amount of gas; they were not opened. The liver was of an almost uniformly darkred color and somewhat flabby; the gall-bladder full of dark green bile. The spleen was normal. The kidneys were dark-colored and somewhat softened from post mortem decomposition. The supra-renal capsules contained cheesy masses of pretty firm consistency, the right being the larger. The omentum contained a chalky mass of elliptical shape, nearly an inch in greatest length. The liver, spleen and omentum were quite firmly attached to the parietal peritoneum. The uterus was low down in the pelvis and presented adhesions posteriorly. The bladder was empty.

* its upper surface extended as high as the third rib, this elevation being due to the collapse and adhesions of the right lung.

Contributed by Dr. J. T. Young.
Washington, D.C.

See Medical Special Series Nos. 7 5/8 44 to 7 5/8 47 - sections of skin, " " " 7 5/8 48 to 7 5/8 51 - " " capsule.
Reports in Jour. Am. Med. Assn. March 12. 1887, p. 304

No. 8741
1291. Embryo of three months, with arrest of development of the foetus.

6.5.7.5.E.66. From Mrs. S. W. B—, age 24, white, married. She has two children. The last menstrual

period began April 26th. 1875 and ended on the 30th. July 28th. Flooding began and delivery of the foetus took place August 1st.

Contributed by Dr. J. W. Van Annum,
Washington, D.C.

No. 1292. 6.5.9.1.F.8. 8942

Calculi composed of oxalate of lime.
From the kidney of a bullock.
Contributed by Surgeon C. C. Gray,
Post hospital, Fort Duncan, Texas.

No. 1293. 6.5.23.A.9. 8743

Hydronephrosis, dependant on stone in the bladder. The specimen consists of the two kidneys dilated into cysts; bloodvessels and ureters attached; the ureters about the size of a finger; the bladder which is also attached to the specimen has somewhat thickened walls.

Private Luke Body, company "C", 15th. Infantry, nativity - French Canadian, age 26, habits - a chronic beer drinker. He was admitted to hospital November 15th. with chronic pneumonia and improved somewhat under treatment until December 1st. when he was attacked with acute pleuritis of right side and effusion, the area of dulness on percussion reaching up to the third rib; oedema of the feet, limbs and face came on and an examination of the urine showed large quantities of albumen. The dropsy subsided somewhat under the use of hydragogue cathartics, diuretics, hot baths, &c. The symptoms of chronic albuminuria, however, persisted, and the urine always showed the presence of large quantities of albumen, pus

and occasionally some blood. At his earnest request he was discharged the service of the United States on Surgeon's Certificate of disability, on the 20th. of April, 1875, on account of Bright's disease. After his discharge he remained near the Post cohabiting with a Mexican prostitute and on one chronic debauch until May 11th., when he died. I got possession of the body for the purpose of burial, and on making a post mortem examination, found the following condition.

Autopsy 24 hours after death: body emaciated but generally oedematous; rigor mortis well-marked; there was pneumonia of the posterior and lateral portions of the lower lobes of both lungs in the second and third stages; the right lung was firmly adherent throughout its entire extent to the parietes of the chest and old pleuritic adhesions were found between the pleurae of the left. The heart was somewhat hypertrophied but the valves were healthy, the organ was firmly contracted, the left ventricle and aorta entirely empty and the right filled with a large fatty organized clot which was firmly adherent to the columnae carneae and chordae tendineae.

The liver was larger than normal, weight 4 pounds 4 ounces, and in color was paler though there was no want of consistence, and to the unassisted eye showed no other evidence of disease than its light-yellowish color. Pancreas normal. Stomach acutely congested in portions along the greater curvature, and in the fundus the mucous membrane was dark and discolored, and so soft as to be almost pulpy; the duodenum was acutely congested throughout its entire extent; in the lower part of the ileum there were patches

of acute congestion and in two or three places, patches of ulceration. Spleen normal in size and general appearance; weight 7½ ounces. The kidneys and supra-renal capsules were surrounded with fat, the kidneys atrophied and degenerated and both filled with stinking pus. In the urinary bladder were found two calculi. [See Surgical Series No. 6526.

Contributed by Hpl. Surg. W. H. Gardner,
Fort Union, New Mexico.

No. 1294. 6.4.95.6.12. 8744

Right lobe of the liver with a large abscess.

Victor H-L—, age 63, born in France, occupation Miller, resident for many years of San Antonio, Texas; stout, well-preserved, healthy looking man of nervo-sanguine temperament. At intervals within the past fifteen years has suffered with three large carbuncles, viz: on the side of the face, on the abdomen and on the back. The latter occurred two years ago when the patient nearly succumbed. He also had a slight attack of dysentery two years ago. Oct. 25. 1874, he applied to me for treatment, with dysentery of about four weeks standing, during which it has been better and worse, and the patient under no medical treatment has been about his business most of the time. The stools now are from eight to twenty in the twenty-four hours, small, mixed with red blood and white mucus, and accompanied with sharp pains in the region of the umbilicus. He was put to bed and directed to swallow half a drachm of pulverized ipecacuanha every six hours with fifteen drops of laudanum a few minutes before each dose. The first and second doses were taken promptly and the

third and fourth after intervals of twelve hours each. Very active emesis followed the administration of this medicine and the only food which the patient attempted to take was a little buttermilk, tea and dry toast. After the second dose the stools were improved; after the fourth they were without blood or mucus, more copious, and of a semisolid, yellowish, rather healthy character; and the medicine was suspended. On the third day the patient sat up and on the fourth visited his place of business. The citrate of iron and quinine, with plain wholesome food and quiet, were recommended, under which the patient continued to improve, and at the end of a week the stools were quite normal, but the tonic was continued.

At 9 A.M., November 10th, I was summoned to his room and learned the following facts. He had been attending to his business for the past week and had gone to bed feeling quite well the previous night, but did not rest well and had a decided chill just before daylight. He had slept with the door ajar and thought it was merely a cold from this cause. The pulse was 98, skin cool and moist, countenance pale and anxious. He complained of pain in the right hypochondriac region and volunteered the statement that for several days he had noticed occasional pains under the right shoulder blade. Palpation caused sharp stabbing pains, deep seated, about under the seventh cartilage on the right side and across to the centre of the epigastrium and for a short distance down along the course of the ascending colon. He had had free daily evacuations of the bowels, but the stools were pale yellow and rather fœtid. Urine pale and muddy, fouk tongue, head-

ache, no appetite and inclined to nausea, especially when he moves, talks or turns to the left side; nausea is quieted by turning cautiously to the right side and keeping still. Diagnosis- acute inflammation of the liver. A large fly blister was applied to the side and lime water and milk directed pro re nata. 9 P.M., temperature 99°; the patient vomits at the sight of medicine and cannot take any. Has taken a little buttermilk and weak toddy of sour wine. One fourth of a grain of sulphate of morphia was administered by hypodermic injection over the stomach to relieve pain and nausea. The patient remained under my treatment, was admitted to hospital November 13th. and died at 1 A.M., November 23rd. 1874.

The following is a summary of the notes in his case, as they were taken down at the time. The temperature ranged from 99° when first observed November 10th., to 101°, without any sudden changes, and did not get above or below these points. The pulse rose steadily day by day from 98 when first observed to 101, 117, 134, 140, and finally on the fatal day became imperceptible at the wrist. The bowels moved once or twice daily without assistance. The dejections were peculiar, consisting of a large amount of watery fluid with solid pieces of foecal matter of the natural shape and consistence, but of a light yellow or dirty white color and very foetid. The solid portions grew softer and lighter in color and more offensive as the case progressed, and just before death one or two large involuntary passages occurred. The abdomen was slightly tympanitic at my first visit, and this condition persisted and steadily increased until near the close. The urine was at first somewhat above

the normal quantity, pale and cloudy when first passed and very offensive after standing. The quantity was fully up to the normal standard until about forty-eight hours before death, when there was a sudden falling off and during the last twenty four hours not over a drachm or two of urine was collected into the bladder. The tongue was foul and heavily coated throughout and often dry in the centre. The appetite was at first capricious and afterwards almost wanting, but the patient took a good deal of milk, buttermilk, beef and mutton soups, brandy toddy and Rhine wine. The nausea and vomiting persisted and when not under the influence of morphia were always excited by motion, talking or turning to the left side. The ejection consisted of whatever food had been taken together with a rather large proportion of watery fluid and caused no great straining. The pain was all referred to the region of the stomach and the patient was impressed with the idea that he had inflammation of that organ. Palpation or motion always elicited sharp stabbing pains over the liver. The nervous system was greatly disturbed as was manifested by the extreme restlessness and irritability and general distress which the patient suffered when not under the soothing influence of morphia. The mind remained clear until the last twelve hours during which there was low muttering delirium and stupor, from which however he was easily aroused. All his symptoms collectively grew steadily worse from day to day, and at last worn out with suffering, the abdomen distended and the urine suppressed, he turned upon his right side, and clasping his hands over the region of the

heart as if suffering pain there, he expired in that position. There was not the least appearance of jaundice and no fluctuation in the tumor could be detected during life. The urine was not subjected to careful chemical analysis.

Treatment: The patient could not bear the sight or thought of medicine and the mere mention of it was sufficient to excite vomiting. The treatment consisted principally in the hypodermic injection of a quarter of a grain of sulphate of morphia morning and evening with active blistering over the seat of inflammation, with a supporting regime and good nursing. After the injection of morphia the patient could rest for six or eight hours, turn upon his back or even on to the left side and retain his food. It controlled for the time both the pain and vomiting and brought great comfort to the patient.

Post mortem 8 hours after death: rigor mortis very slight; tympanites moderate.

On raising up the anterior margin of the liver an abscess was observed pointing from its under surface against the duodenum, and which ruptured on the slightest touch and discharged about two pints of thick pus into the cavity of the abdomen. Further exploration showed that the same abscess pointed upwards from the convex surface of the middle [?] lobe against the diaphragm and sack of the pericardium into which about an ounce of pus had already discharged through a small orifice. The whole amount of pus contained in the abscess must have been nearly three pints. The least movement of the patient might have caused it to discharge into the cavity of the abdomen. The dysenteric ulceration had been situated in the ascending and transverse colon which retained the evidence of its

position in faint cicatrices scattered here and there over the mucous surface. The kidneys and other organs were to all appearance quite normal. Brain not examined.

Contributed by Asst. Surg. W. H. Forwood,
Fort Richardson, Texas.

No. 1295 — 6.2.9.1.D.33. — 8745

Fibrinous vegetations on the aortic and mitral valves.

Private August Berlinger, company 'b', 2nd. Artillery, age 34, was admitted to hospital October 2nd. 1874 for valvular disease of heart, of which he died February 1st. 1875.

Autopsy 18 hours after death: nothing remarkable in the external appearance except considerable ecchymosis of the dependent parts of the body; the body was well nourished.

Upon opening the chest the first abnormity which presents itself is the excessive size of the pericardium and its contents occupying the space between the second costo-sternal articulation of the right side to within an inch below the left nipple on a line with the upper edge of the seventh rib. The contents of the pericardium consisted of about eight ounces of serous fluid and the greatly enlarged heart, the dimensions of which are as follows: length five inches and a half, breadth four inches and a half, three inches thick; the thickness of the right ventricle three-sixteenths of an inch; of the left ventricle three quarters of an inch. The tissues composing the cardiac walls show no pathological change except the abnormally great difference just named in the thickness of the walls of the right and left

ventricles; the cavities of both ventricles considerably distended. The mitral and aortic valves were found greatly thickened, and thickly covered along their free margins with cartilaginous vegetations, some of which hung down into the left ventricle like nodular branches. Only a small part of the lungs could be seen when the thorax was opened as they were pushed out of their places upwards and backwards, by the greatly enlarged pericardium and diaphragm, the latter having yielded to the pressure exerted upon it by the enlarged liver and spleen. The lungs, upon being removed from the chest, were found to be very much congested; several pieces were cut off and found however to float upon water.

The abdominal cavity was found to contain besides an enormously enlarged liver and spleen, some five pints of a serofumulent liquid. Weight of liver 5 pounds 7 ounces; of spleen 1 pound 10 ounces. The kidneys were considerably hypertrophied, weighing 8 and 9 ounces respectively.

Contributed by Hpt. Surg. Wm. R. Steinmetz,
Fort McHenry, Md.

No. 1296. 63.9.1.E2. 8746

Maggots (larvae of the bloofly) from the antrum highmorianum of a soldier.

Private James Smith, company "B", 9th. cavalry, was admitted to hospital on the night of May 10th. 1874, freely bleeding from the nose. He stated at the time of his admission that he had had hemorrhage from the nose for the past five or six days. Several styptics were used but without entirely stopping the flow. Next morning several maggots were expelled while blowing his nose; there was also a discharge from the left nostril of a very offensive odor; ozaena was probably the cause of his nose being fly blown. A solution of chlorinated soda was injected, which was afterwards changed to one of permanganate of potassa, which was forced by a Davideon syringe up one nostril, flowing out of the other; during the day five maggots came away. May 13th., the face was somewhat swollen; the discharge and slight hemorrhage continues, and the smell was very offensive. Three grains of sulphate of quinia and twenty drops of the tincture of the muriate of iron were given every three hours. It was noticed that about half an hour after taking the quinine and iron some of the maggots left the antrum and came into the nostril from where they were removed with a pair of forceps. Steward Persh extracted about fifty worms to day in this manner. May 14th. to 20th., the quinine was continued. From six to twelve maggots were extracted every day. The patient complained of headache; the discharge diminished; the smell, like that of carious bone, continued. May 23rd., no maggots have been noticed since May 20th. From that date the patient continued to improve; complaining from time to time of headache; he was returned to duty June 20th.

Several efforts were made with different contrivances to inject the antrum from the nose with a hope of washing out the worms But as soon as it was discovered that they left the antrum every time that the patient swallowed quinine, it became a certainty that we should secure all of them by that means; and the apparent necessity for any heroic treatment, such as exposing the cheek bone and trephining the

antrum, ceased; since it was only necessary to repeat the quinine in proper quantities and intervals (so as to annoy the worms and at the same time not allow them to get used to it, and so cease their efforts to crawl away from it), in order to get rid of them altogether.

The dark color of most of the worms in the bottle is stain from permanganate of potash used in flooding the nostrils.

The odor of necrosed bone continued for some time after the appearance of the last worm and the man insisted that his brains were loose in his head, from which I judged that the worms had got up even into the sphenoidal cells.

The quinine was originally given as a tonic, the man having lost so very much blood. When it was discovered by Dr. Buffington and Steward Pesh that the worms tried to crawl out after each dose of quinine was swallowed, we used it systematically to drive them out of the antrum and within reach of the forceps, while the Steward sat patiently by and watched to secure them and so prevent them from crawling back again into the antrum.

As the majority of cases of flyblow that have come within my knowledge have been fatal, it would perhaps be worth while to make it known that in one case the worms crowded to the nostril to get away from some influence produced by from three to eight grains of quinine swallowed at intervals of about eight hours.

We attempted to inject quinine into the antrum through its foramen, but probably, as with the other substances used, we were unsuccessful; at any rate so long as its influence

lasted upon the Schneiderian membrane, no worms made their appearance; it was worse than useless used in this manner.

Contributed by Hpt. Surg. A. B. Campbell,
Ringgold Barracks, Texas.

No. 1297. U.S.A.M.B.

Lower half of brain with an apoplectic clot involving the adjacent portions of the middle and posterior lobes of the right cerebral hemisphere.

Lucinda Anderson, colored, widow, age about 45, ~~ordinary~~ weight about 180 pounds, was first seen by Dr. W. H. Taylor May 1st, who found her complaining of sharp jerking pains in the right side of the head extending sometimes over the entire scalp and sometimes down the right side of the neck, which were produced by a noise or draft of air and lasted for several seconds. The tongue was coated, the skin dry and harsh, bowels confined and stomach irritable. Eight grains each of calomel and jalap were given, and after the bowels were moved, quinine and iron three times daily. May 4th., she complained of having had severe pain in the head at night, with pain in the stomach and vomiting; the tongue was much coated and breath offensive. Quinine and sulphate of morphia were given. May 6th., she seemed better but said she had had fever the night before. Spirit of Mindererus and camphor water were ordered every two hours. In the evening Dr. Lamb was called. In the evening there was persistent vomiting, which he prescribed for. She was relieved in a few minutes after the application of a sinapism to the epigastrium. May 7th., Dr. Taylor saw her again.

She still complained of pain in the head mostly on the right side, sometimes all over the head and sometimes all over the body. Four grains of quinine were ordered night and morning. Dr. Taylor at first thought the case to be one of neuralgia but afterwards concluded her to be suffering with malarial poisoning. May 9th, I was called a second time. I obtained the following history given by her daughter: During the late civil war she was struck on the right side of the head near the vertex by a threshing machine; the scalp was bruised but the bones were uninjured; she was quite ill for some time, at first with pain and fever. The following symptoms persisted after recovery: decided weakness and occasional numbness of the left arm, and an inability to bear excitement. [This history appears to explain the existence of the irregular depression in the under surface of the right hemisphere described in the autopsy]. She had always complained of pain in the small of the back and epigastrium. The latter, of late years, had been felt at once on taking food. There was also soreness on pressing at the epigastrium, general abdominal enlargement, and some waterbrash. In the Summer of 1874 there was an exacerbation of the dyspeptic symptoms from which she speedily recovered. The menses had now become scanty and irregular in their recurrence. April 24th, 1875, she was exposed to a high and cold wind, and suffered with earache on both sides followed by pain in the forehead, extending down the left side of the head, afterwards localizing itself to the right side above and below the ear. In a few days the pain became persistent in this situation; it was described as a feeling as if her head was opening and shutting, and was excited by the least noise or movement. There was intolerance of light and sound. After April 28th, she was confined to her bed and took but little food. The vomiting which afterwards occurred was almost without effort, the stuff running from her mouth. It was relieved as stated above, but returned to a slight extent May 8th. Between April 29th and May 9th there was a good deal of mild delirium and almost constant sleeplessness, all the symptoms being worse at night; and she had but two stools, both scanty; and she first in response to a cathartic pill.

Seen by Dr. Lamb

On the morning of May 9th, at 1 A.M., she had a severe convulsion with grinding of the teeth and salivation; she soon however became quiet, lay motionless a little while, and then became restless. Dr. Lamb was called When I saw her, she was in almost constant motion, rolling, pushing and pulling herself across the bed, occasionally sitting up for half a minute and then falling backwards. Her mind was dull, confused; sight and hearing were impaired; touch and taste appeared to be normal; the grinding of the teeth continued. The Pulse was 75, respiration 20, and the heat and moisture of skin normal; the tongue was coated yellowish; there was constant spitting of tenacious saliva; the bowels were confined; the conjunctivae were injected and muddy looking. She had a second slight convulsion three hours after she first. A half dozen small, round fly blisters were applied to the back of the neck and an ice bag to the head; the blisters drew imperfectly and the ice bag gave too much pain and had to be shortly removed. A cathartic pill was given supplemented in the evening by a stimulating enema which she had a copious stool, getting out of bed without assistance, but requiring to

be helped back. ~~During the forepart of the day she inhaled chloroform sufficiently to control the excess of restlessness~~ Restlessness controlled by chloroform. During the succeeding night she was quite restless; ~~she also~~ vomited a yellowish fluid and was unable to retain food. ~~At~~ Sometime towards morning, paralysis set in.

~~The next morning~~ (May 10th.) I found her ~~in a condition of~~ partial stupor; she however recognized her daughter, put out her tongue when directed, and knew the taste of ice cream. She was disinclined to talk and answered hesitatingly and in monosyllables. Deafness on ~~the~~ right side had increased. ~~There was~~ No complaint of pain. ~~The~~ Left arm ~~was~~ completely paralyzed; ~~and the~~ left leg partially, so; ~~there~~ was no rigidity; ~~the~~ temperature of ~~the~~ paralyzed limbs ~~was~~ raised. ~~The~~ Right arm and leg ~~were~~ comparatively cool; she ~~was~~ constantly moved ~~throwing~~ them about and dragging herself to ~~the~~ edge of ~~the~~ bed. She had no paralysis of the ~~orbicularis oculorum~~, and put out her tongue straight; ~~but her~~ cheeks ~~were somewhat puffed~~, and there was some dysphagia; She had urinated in bed; ~~Her~~ pulse was as before and her respiration 20, somewhat irregular and frequently shallow. The right side of the head was shaved and a blister applied, which however drew imperfectly. Half a grain of sulphate of morphia ~~was~~ given and kept her comparatively quiet. She also took and retained a little food. ~~During the day~~, the paralysis of ~~the~~ left leg and foot diminished. ~~During~~ the night ~~she~~ was quite restless.

May 11th., ~~her~~ mind ~~was~~ more dull. She ~~made~~ no complaint of pain, ~~but~~ often put her hand to ~~the~~ side of ~~her~~ head as if ~~the~~ blister was hunting her. Paralysis of the left leg and foot ~~were~~ now nearly complete; ~~the~~ restlessness ~~was~~

much diminished; ~~From this time~~ she gradually became comatose; ~~the paralysis of the left side was complete as was also the dysphagia. The~~ temperature ~~was~~ diminished; ~~the~~ pulse ~~went up~~ to 120; ~~and~~ the respiration ~~to~~ 24, ~~becoming~~ also and quite shallow; ~~she~~ repeatedly urinated in bed, but had no stool. ~~She~~ died May 14th. ~~at 3 30 PM.~~

Autopsy by Dr. D. J. Hamb 19 hours after death. There was well-marked rigor mortis in the limbs; no emaciation.

There was time only to examine the head. The pia mater especially on ~~the~~ right side was finely injected of a red color; ~~the~~ pia vasculosa ~~were~~ strongly marked. A large extravasation of blood occupied the adjacent portions of ~~the~~ middle and posterior lobes of ~~the~~ right hemisphere; it was about three inches long by 2½ laterally and vertically, ~~and implicated much of the white matter through out, and~~; ~~the~~ grey matter to a less extent, part of ~~the~~ thalamus opticus and all of ~~the~~ floor of ~~the~~ middle and posterior horns ~~were~~ involved; There ~~were~~ ecchymoses in ~~the~~ subarachnoid spaces in ~~the~~ vicinity. ~~The~~ Left ventricle contained a clot, of the shape of the ventricle, not however extending into ~~the~~ anterior cornu nor into any other ventricle; ~~the~~ septum lucidum ~~was~~ intact; ~~the~~ left choroid plexus ~~was~~ much congested. A somewhat irregular, irregularly outlined and indented depression was found in ~~the~~ lower surface of ~~the~~ posterior lobe of ~~the~~ right hemisphere; it was an inch in greatest diameter and a third of an inch in greatest depth; ~~the~~ white substance which intervened between it and ~~the~~ clot was but ~~the~~ eighth of an inch thick. ~~The~~ Petrous portion of ~~the~~ right temporal bone ~~was~~ more cellular in structure than ~~the~~ left; ~~the~~ vesicula ~~was~~ normal. [The never had had otorrhoea]

Microscopical examination of ~~the~~ brain tissue around ~~the~~ clot showed exudation corpuscles in great numbers.

Contributed by Dr. D. S. Lamb,
Washington, D. C.

No. 1298. C.S. No. 41. 8748

Skeleton of a foetus at term with hydrocephalus and spina bifida.

"The confinement was the sixth and the foetus was born at full term. It was alive when the body was delivered - breech presentation - but fortunately died before the delivery of the head. The parents are both healthy and have three living children and lost two during infantile life all of whom were free from abnormal peculiarities."

Contributed by Surgeon B. J. D. Irwin.
West Point, New York.

No. 1299. C.5.S.1.H.1. 8749

Carbonate of lime calculus from the kidney of an ox.

The kidney is said to have been normal in appearance and was served for breakfast by the cook, who found the concretion before speaking of it to his employer.

Contributed by Assistant Surgeon Donald Jackson,
U.S.A., Post hospital, Ft. Duncan, Texas.

No. 1300. A.B.&C. C.4.S.3.N.33 8750

Tapeworms (medio-canellata); A, with head, 8 feet long; B, 5 feet long; C, 3 feet long. Passed from and

Contributed by Asst. Surg. H. B. Campbell, U. S. A.

No. 1301. C.2.S.1.D.34. 8751

Aortic insufficiency.

From a colored woman, age about 30, a house-servant, who died suddenly on the morning of March 21. 1876. She had had well-marked symptoms of heart disease. The lungs were found to be congested, the heart as in the specimen and the other viscera normal.

Contributed by Dr. J. F. Kartigan,
Washington, D. C.

No. 1302. C.2.S.2.D.26. 8752

Heart with a portion of the aorta attached, presenting a small aneurism on the posterior surface of the aorta just above the valves, which has ruptured into the pericardium. Blood has burrowed up between the arterial coats.

Private Frank Moncrief, co. F, 13th. Infantry died on the 19th. of March, 1876 of aneurism of the aorta, which ruptured into the pericardium while the patient was beating tattoo roll-call. He had never but once and that about two weeks previous to his death, complained of pain in the region of the heart.

Contributed by Hosp. Stwd. Surg. Jas. R. Barnett,
Vicksburg, Miss.

No. 1303 C.2.S.1.D.35. 8753

Heart with advanced atheromatous disease of aortic valves. Directly between the orifices of the coronary arteries an atheromatous ulcer has penetrated the coats of the aorta, permitting the escape of a small quantity of blood which

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has burrowed about an inch upwards between the aorta and pulmonary artery.

Private William Waldwell, "L", 6th. Cavalry, died June 3. 1875; suicide by shooting. This soldier was admitted to hospital February 9. 1875, suffering with scurvy. He had arrived at this post but a short time previously, en route to join the Indian Territory Expedition. When he was apparently well of scurvy, he was attacked with intermittent fever, which was very obstinate, but finally yielded. Yet he did not gain strength, nor did he complain except of a cough which only troubled him at times during the night and an examination revealed only bronchitis. His feet were noticed to be swollen February 25th., and the oedema afterwards extended to his face. His appetite was still good, nor did he complain of pain; he drank large quantities of water. His urine was now examined but nothing abnormal was discovered. His heart was then examined when it was found that he was suffering from aortic valvular disease. The treatment was only palliative, he gradually grew weaker and general anasarca supervened. On the evening of June 2nd. he was suddenly attacked with dyspnoea, which threatened to terminate his life but instant relief was afforded by the inhalation of spirits of camphor. The next evening while the other patients were at supper, he took a Colts revolver, went into the earth-closet and shot himself. He was not dead when the attendants arrived, and in reply to a query, said he was "easing his pain". He died in a few minutes afterwards.

Post-mortem: the ball had entered about two inches to the left of the left nipple, between the 5th. and 6th. ribs and emerged about three inches from the spine on the left side between

the 4th. and 5th. ribs. The right pleura was normal, the left contained about two quarts of clotted blood and a quantity of serum. Both lungs were oedematous; the bronchial tubes were filled with frothy mucus; the lower part of the upper lobe and the upper part of the lower lobe [of the left lung] were perforated by the ball. The pericardium contained about an ounce of serum. The heart was enlarged, pale and flabby; tricuspid valves thickened; aortic valves were calcareous, thickened and fixed so as to project into the vessel, nearly occluding it and necessarily greatly resisting the flow of blood; just above one of the valves was the rupture shown in the specimen. The kidneys were flabby and pale, otherwise normal.

Never at any time previous to his admission had this man suffered pain which attracted his attention to his heart, nor while in hospital did he ever complain of palpitation or pain in the cardiac region. That the affection was of long standing there can be no doubt, yet he always performed his duty until his admission to hospital. He said he had never suffered from rheumatism.

Contributed by Hpt. Surg. Peter J. A. Cleary,
Camp Supply, Indian Territory.

No. 1304. C.2.S.I.D.36. 8754

Heart showing vegetations on the mitral valves. See Microscopical Section, Nos. 7842 to 7845, Inclusive.

There was a firm, brown tumor the size of a large pea in the left side posteriorly, of the pale major of the brain; the brain substance, especially that of the left anterior

lobe, was softened; the puncta vasculosa were well-marked. The heart presented a white patch of old lymph, the size of a half-dollar, on the anterior surface of the right ventricle and large white clots in all the cavities except the left auricle; the bicuspid valves were thickened and indurated along the attached borders; the pulmonary valves were normal; in the aortic valves there was a slight calcareous deposit; the mitral valves were the seat of fibrinous vegetations as shown in the specimen. The aorta was slightly atheromatous.

Contributed by Hospt. Surg. D. L. Huntington,
Soldiers' Home, Washington, D. C.

No. 1305. C.2.3.2.6.27. 8755

Aneurism of the abdominal aorta which burst into the right pleural sac.

Private Charles Tudsberry, company "K", 2nd. Artillery, age 34, was admitted into the post hospital at Ft. McHenry, Md., April 20, 1875, suffering from constant pain in the lumbar region, worse at night or when in the horizontal position, loss of flesh, and a frequent regurgitation of food immediately after swallowing, without nausea; also suffering from constipation. Was given nitro-muriatic acid for the dyspeptic symptoms and podophyllin for the constipation, as required. April 27, was ordered seven grains of the iodide of potassium three times a day, for the pains which were supposed to be syphilitic. He admits having had primary syphilis about three years ago. A blister was applied to the seat of pain in the back. May 5th, improved and returned to duty.

June 15th, again admitted with pains in the loins, worse when he went to bed; also had sore throat. The fauces had a coppery appearance. Diagnosis: syphilitic rheumatism. Given ten grains of the iodide of potassium three times daily, and half a grain of the bichloride of mercury in a drachm ounce of water, as a gargle. June 19th, continued treatment with the addition of half an ounce of cod liver oil thrice daily; fluid extract of cinchona half a drachm three times a day; and milk diet on account of the regurgitation of food, which he still complained of, and which affected his swallowing solids more than liquids. He said that when he swallowed anything it seemed to stop just above his stomach, and in a short time he would feel it pass down and hear a gurgling sound at the same time; at other times the food did not pass down, but was regurgitated, so that a stricture of the oesophagus was suspected. June 24th, continued treatment and ordered two wet cups to the loins at bedtime for the pains, which were still severe, although his general condition was improving and the sore throat did not give any more trouble. June 29th, had an attack of diarrhoea, which lasted for three or four days; treated with castor oil and astringents. He recovered from this, however, and was so much improved that, at his own request, he was returned to duty July 11th.

September 23rd., returned to hospital, suffering from pains in the loins and between the scapulae, and in both shoulders, especially the right. He was ordered a saturated solution of iodide of potassium twenty drops three times a day. Sept. 24th, the pains were so acute that he was given in addition one-eighth of a grain of extract of belladonna in pill every three hours, and dry cups applied to the back.

October 2nd., suffered again from regurgitation of food and constipation. For these symptoms five grains of subnitrate of bismuth and three grains of subcarbonate of iron were given before food, three times daily. October 19th, continued same treatment and applied four dry cups to the lumbar region. October 22nd., complained of night sweats for which he was ordered twenty drops of aromatic sulphuric acid at bedtime. 26th., he seemed a little more anaemic. The iodide of potassium was stopped and he was ordered citrate of iron and quinine five grains three times a day. November 5th., so much improved that he asked to be returned to duty. He had gained ten pounds in weight since he entered the hospital, and although the pains in the loins still continued, they were much less severe. He was returned to duty.

November 11th., again admitted into the hospital with severe pains, but had none of the former difficulty in swallowing. He was now ordered iodide of potassium seven grains and chloride of ammonium ten grains three times a day. 12th., given in addition five grains of the citrate of iron and quinine three times a day. 21st., given in addition twenty drops of aromatic sulphuric acid at bedtime for night sweats. 27th., the night sweats still continued. For the acid was substituted sulphate of quinine, two grains, three times a day. December 8th., he said that the citrate of iron and quinine disagreed with him. It was stopped and the iodide of potassium continued. 9th., seemed worse; did not get up this morning but remained in bed all day, a thing he had never done before while in the hospital; said he felt very weak and could eat nothing, though up to this time his appetite had been good. All medicines were now stopped and milk diet ordered. 10th., seemed about the same but was extremely pale. Was ordered beef tea and milk diet. 11th. continued the same with the addition of half an ounce of whiskey three times a day. 12th. continued the same, and applied six dry cups between the shoulders when the pain was severe. 13th., complained of regurgitation of water after swallowing and frequently at other times. For this he was ordered sulphate (sulphide?) of soda five grains in solution before food three times daily. 14th., he seemed worse, weaker, and in low spirits for the first time; the hyperosis still continued. Continued the same treatment. 15th., complained of pain in the right side in the mammary region, where he had never had pain before; it was also worse in the shoulders. A wet cup was applied to the shoulder; other treatment and diet continued. He took a little milk and got up in the afternoon. At 6 P.M. he was standing before the fire. He then went to bed and in a few minutes called a companion to him, whose hand he seized and clung tightly to, and had a convulsive movement of his whole body, extending his legs and clinching his hands. He asked for water, which he drank. He then became unconscious, and died in about twenty minutes at 6.30 P.M.

Autopsy performed by Assistant Surgeon J.C. Worthington, U.S. Army, sixteen hours after death: rigor mortis marked; body somewhat emaciated. Examined thorax and abdomen.

Old pleuritic adhesions about the apex and whole of the superior lobe of the right lung, effusion of about three quarts of blood with recent clots into right pleural cavity, lying mostly at the posterior inferior part of the cavity, but extending behind the lung up to the apex and filling the interlobar fissure. Superior lobe of right lung thickly set with tu-

bercles and containing several vomicae as large as hazelnuts. Left lung and pleura normal. Heart displaced about to three inches to the left of normal position by pressure of the effusion in right pleura. Pericardium contained about one ounce of serous fluid. Heart and thoracic aorta empty and perfectly healthy in appearance.

Liver and gall-bladder normal, with the exception of fifteen or twenty cicatricial depressed spots on the hepatic capsule, old syphilitic hepatitis. Liver displaced forwards and to the right by a large saccular aneurism of the abdominal aorta. Spleen slightly enlarged and more friable than natural. Kidneys healthy with the exception of an ovoidal gummy tumor in the cortex of the right as large as a chestnut. Intestines not thoroughly examined but apparently healthy.

The aneurismal sac had become thoroughly blended with the diaphragm above and had burst through it by an oblong slit with eroded edges, one half by one quarter of an inch in extent into the pleural cavity. The sac was covered on the right side and in front by the liver by which it was so completely hidden that it was not discovered until its upper wall had been torn in removing the diaphragm. It had formed some adhesions to the liver and connective tissue covering the last dorsal and first lumbar vertebra, but no erosion or displacement of these bones had taken place. The sac was nearly globular in form and would hold about a pint; it was connected with the aorta about three inches below the diaphragm and four above the bifurcation by an elliptical orifice an inch long and as wide as the calibre of the artery. The aorta passed along the back of the sac and was blended with it to the extent of about five inches. The ascending

vena cava passed upon the right side of the sac and was attached to it for several inches. The oesophagus and stomach were displaced to the left and pressed on by the sac constricting the cardiac orifice. A little laminated fibrinous deposit was found in the sac but its walls were not completely covered by it. The tumor had formed close and firm adhesions on all sides, so that it was removed with difficulty.

Contributed by Surgeon Dallas Bache,
Fort McHenry, Md.

No. 1306. C.2.S.2.C.28. 8756

Aneurism of the abdominal aorta which ruptured into the abdominal cavity.

Musician Ardone, Military Academy Band, died at West Point May 20.1876 of an aneurism of the abdominal aorta which ruptured into the abdominal cavity. The tumor was not diagnosed during life; he was only one day in hospital before his death and the diagnosis had not been completed when he died. He had been suffering for three years with pains in the back and loins, which had been considered of a rheumatic nature. My diagnosis was lumbago; and treatment, electricity, hypodermic injections, iodide of potassium, colchicum, etc.; the latter had a very purging effect, even in very small doses. Fearing that his continued complaints might lead to his discharge, this man kept as much as possible from the hospital and performed his duties up to two days before his death.

On his admission to hospital I found his body much emaciated. Percussion on the abdomen gave diminished dulness for the liver, an ab-

abnormal dulness however over the whole right side from the epigastrium to the spine of the ilium. A tumor was then diagnosed, but the examination and decision suspended in order to test the wine which was yellowish opaque with a sediment. It was found to be of increased specific gravity, no albumen; under the microscope the sediment appeared to be some casts of mucous character, mucus and fat globules. The patient seemed to be in great pain and was groaning incessantly. Liquor morphiae sulphatis was given to relieve the pain; local application of aconite liniment. Early the next morning his features suddenly became pallid and he died without a struggle.

Post mortem examination at 3 P.M.: body much emaciated; rigor mortis well-established. On making the abdominal section, the abdominal muscles were found infiltrated with blood; free blood in the cavity, corresponding to the dulness found on antemortem examination there was an enormous clot about the size of a large liver adherent to the peritoneal walls. On searching for the origin of this hemorrhage, a large aneurism of the abdominal aorta in the region of the kidneys was found which had caused erosion of the corresponding vertebral bodies. No further dissection of this aneurism was attempted in order not to injure the specimen and a part of the spinal column was removed in conjunction with the tumor.

The lungs were exsanguinated and collapsed, otherwise sound; likewise heart, liver, kidneys and spleen, which all appeared of normal structure; the psoas and iliac muscles were infiltrated with blood.

The disease was not recognized in an earlier stage partly because no abdominal symptoms at any time led to an examination

with the stethoscope (palpation gave no pain and appeared to give normal results), partly because the main disturbance seemed to be in the loins, the patient having been repeatedly treated for lumbago. This latter trouble seems to have been caused by the erosion of the vertebral bodies.

Contributed by Asst Surg. A. C. Girard,
Assistant Surgeon, West Point, N.Y.

No. 1307. C.2.S.I.D.37. 8057

Heart exhibiting marked stenosis of mitral valve from atheromatous disease with dilatation of all the cavities, especially the left auricle. There was also some atheromatous disease of the aortic valves.

Private Stephen McAuley, co. K, 8th. Cavalry, age 37, was admitted to this hospital (Fort Craig, N.M.) June 26th. 1875, having been transferred from Post hospital, Santa Fé, N.M., upon the recommendation of Surgeon J. P. Wright, U.S.A, Chief Medical Officer, District of New Mexico, under whose treatment he had been at the latter place since March 1st. ult. Dr. Wright being convinced he could not live in Santa Fé, and the soldier not wishing to be discharged, sent him to this place, hoping the change of climate and lower altitude would be of benefit.

This soldier had been sent from Fort Wingate en route to Washington in charge of an insane soldier, and he states feeling perfectly well when he started. At one of the stations between Wingate and Santa Fé, he was seized with a severe paroxysm of asthma, of which he had several attacks before reaching Santa Fé about March 1st, where Dr. Wright, finding that he was unable to proceed on

his journey, ordered him to the hospital for treatment. Dr. Wright found that he was suffering from spasmodic asthma, the paroxysms very severe and frequent, with disease of the right (?) side of the heart. Shortly anasarca supervened and afterwards a tendency to general dropsy. At Santa Fé he was given infusion of juniper berries and bitartrate of potash with advantage, and also tincture of digitalis; inhalations of ether controlling his paroxysms of asthma.

Upon arrival here (June 26th.) his condition was as follows: general strength very much impaired; anasarcous condition existing in lower half of body involving also the cellular tissue of the abdominal walls; very great oedema of scrotum and prepuce; well developed ascites also present; a slight puffy or oedematous condition of face and upper extremities also discernible upon careful examination; the color of his skin of a decided cyanotic tinge; the eyes bright and prominent. The amount of urine passed very scanty and much below the average normal quantity. The area of cardiac dulness much increased; pulse small, irregular at times; and it was thought an obscure bellows murmur could be heard over the lower portion of the sternum. The diagnosis of Dr Wright (dilatation of the right side of the heart) was readily made out, though whether arising from some obstruction or contraction of one of the cardiac orifices or primarily from some degeneration or change in the walls of the organ is not so very easy to determine.

No reasons or indications existing for changing the previous treatment the patient was ordered tincture of digitalis fifteen drops three times daily, with a diet of meat, eggs and milk, and encouraged to eat as heartily as possible.

June 28th, patient doing fairly; the dose of

tincture of digitalis reduced to ten drops and the same quantity of the tincture of the chloride of iron to be taken with it; two ounces of Sherry wine with water to be taken with his dinner. 29th, patient says he thinks he feels better since his arrival here, his breathing having improved, no severe paroxysms of dyspnoea occurring; appetite is fair. A half ounce of bitartrate of potash to be taken in the morning. July 1st, as frequent watery passages from the bowels relieve him more promptly and effectively than the action of the kidneys, the following was ordered: thirty grains of compound jalap powder twice daily, morning and evening; to continue the digitalis and iron. July 2nd., the above powder not acting freely, the dose was increased to a drachm three times daily. July 5th., patient complains of some nausea and vomiting early this morning. Ordered the powder stopped for today but remainder of treatment continued. July 6th, a black draught given this morning but a portion rejected; irritability of stomach continuing, I stopped entirely the compound jalap powder and gave bitartrate of potash thirty grains three times daily. July 7th., patient decidedly worse, the general dropsy increasing with great rapidity, the scrotum and prepuce enormously distended, the elongation of the latter and apparent retraction of the penis being so great that the difficulty of passing his urine is distressing, the introduction of a catheter at times being impossible. The kidneys becoming inactive the following pill was ordered three times daily: Of powdered squill and blue pill one grain. Appetite almost entirely gone. Valentine's meat juice was ordered; he takes a little toast and tea and occasionally a soft-boiled egg. July 11th., passed but twelve ounces of urine in the

past twenty-four hours; the pressure of the fluid in the abdominal cavity very great. July 12th, quantity of urine passed in the past twenty-four hours 16 ounces, having a specific gravity of 1021, with albumen present. As the pill of the 7th. inst. is not acting as freely as desired and the juniper not yet being received, the following was ordered: tincture of the chloride of iron a half ounce, acetic acid one drachm, to be mixed together and then to add solution of the acetate of potash two and a half ounces and simple syrup one ounce; to take a tablespoonful three times daily.

Patient kept upon the above until the 19th. inst. when the juniper berries and digitalis leaves arrived and he was at once ordered one pint of infusion of juniper, three drachms of infusion of digitalis and four and a half drachms of bitartrate of potash, to take a third part three times daily; the previous treatment being all stopped. No improvement; on the contrary the patient is becoming worse; the ascites is so great, the dyspnoea so distressing as a consequence thereof, the patient was informed that tapping would probably give him great temporary relief, but he requested so urgently that it be deferred for a day or two, as he had hopes the "new medicine" would relieve him, consent was reluctantly given because the patient was rapidly growing worse, his stomach so irritable, subsisting almost entirely upon meat juice. July 21st, no increase in the quantity of urine passed being observable, the patient extremely exhausted and restless with a tendency to mild delirium; it being impossible to pass a catheter into his bladder, it was decided to tap him at once, though it seemed doubtful if even this procedure would prolong his life many hours.

At 8.30 A.M. he was placed in a chair supported by pillows and over 96 ounces of fluid removed from the abdominal cavity with great relief to the patient; after the above quantity had been withdrawn he became very weak; though the abdomen was tightly bandaged during the operation, it was deemed proper to desist; becoming restless and being much worn out from loss of sleep, an ounce of brandy and water with some meat juice given him, placed in bed and half a grain of sulphate of morphia was administered to ensure quiet and induce sleep. But shortly after he began to fail rapidly, his features becoming shrunken, his body bathed in a profuse cold perspiration, he passed into a comatose condition and gradually grew weaker until 4.30 P.M., when he died.

Autopsy 15 hours after death: rigor-mortis not well-marked; muscles flabby; body very much distended by general dropsy. Upon raising the sternum and viewing the thoracic viscera in situ the pericardium was found enormously distended by fluid, so that both lungs were very much compressed; no fluid was found in the right pleural cavity; well-marked but recent adhesions between its surfaces existed; the right lung was intensely congested. The left lung was crowded into a small space at the superior and posterior portion of the left chest; there was almost entire obliteration of this pleural cavity, the adhesions were however recent and readily broken down by the point of the finger; this lung was more intensely congested than the former, indeed it resembled a hepatized lung upon a section being made however a frothy serous fluid exuded both from the division of the minute bronchi and from the edema-

lous condition of the lung tissue, more marked in the right than left lung; in other words the former was less compressed than the latter. An unfortunate nick in the pericardium allowed the fluid to escape and thus prevented its exact measurement. Upon laying open the pericardium the heart was found much enlarged and very flabby and soft; weight of the organ after it had been in alcohol seven days, with all the fluids drained off 14½ ounces; dimensions: length 6½ inches, width 5 inches, thickness 2¼ to 2½ inches. [The heart was sent to the Army Medical Museum without being opened.

Upon opening the abdominal cavity, a considerable quantity of fluid was found. The stomach had been greatly displaced upwards and to the left; midway between its two extremities there was a well-marked contraction giving it a sacculated appearance, the walls of the pyloric half being much thicker than the cardiac half. The liver was somewhat diminished in size transversely, its weight being two pounds 10 ounces; the convexity of the right lobe was remarkably prominent probably from the upward pressure of the fluid; this organ was also in a state of intense congestion, its vessels much enlarged; a feeling of resistance to the knife in making a section was noticed, the cut surfaces presenting a dense whitish appearance; the left lobe exhibited the greatest density. The spleen was of a very light blue color, its weight five ounces, its density very great. Nothing remarkable was observed about the kidneys; weight of right 4 ounces, of left 5½ ounces.

Contributed by Act. Asst. Surg. J. Frazer Boughter,
Fort Craig, N. M.

Nos. 8758
1308 Portion of ileum with pinhead enlargement of
S.A.S.I.96. solitary follicles in the form of tiny polypi.
1309 8759 Portion of colon with slight enlargement of
S.A.S.I.97. solitary follicles.

Robert J. Johnson, age 12, black, native of Washington. Admitted to Children's hospital May 1st. 1876. He had an attack of acute rheumatism three months previously; had not been well since; had cough, dyspnoea and pain in left side; had been treated in the Dispensary for bronchitis. When admitted there was dulness on percussion over the heart extending 3¼ inches transversly; the apex beat 2¼ inches below the nipple and 1½ inches outside a vertical line dropped from the nipple; bruit very clear and distinct with the first sound of the heart; some dyspnoea; bowels constipated; some headache; appetite good. Eight grains of bromide of potassium and five drops of tincture of digitalis were given three times daily; a diet of milk and beef tea. May 2nd., the digitalis was given every three hours. 5th., he felt better; cough quite troublesome at night; murmur about the same; appetite very good; bowels regular. 8th., bruit more clear and circumscribed; no complaints. 12th., some diarrhoea today. Three grains of subnitrate of bismuth were given three times daily. 14th., stools natural again; vomited his food; complained of some pain in abdomen. 15th., appetite not so good; vomited three times today. 16th., gave eight grains of sulphate of quinia which reduced the temperature; tongue coated; no pain; great dyspnoea; vomited bilious matters three times today; bowels not moved. 17th., less dyspnoea; no complaint of pain; had not vomited since last night; no appetite. Died very

suddenly at 10 A.M.

Record of Temperature, Respiration, & Pulse.

Date	Morning	Evening	Morning	Evening	Morn.	Eve.
May 1st. 1876.		*100.3	[illegible]	44		124
" 2nd. "	99.	100.4	36	36	124	124
" 3rd. "	98.4	100.2	36	40	124	124
" 4th. "	99.4	100.	40	40	120	124
" 5th. "	99.1	100.2	40	40	116	116
" 6th. "	100.6	101.2	36	44	100	124
" 7th. "	99.1	100.9	36	44	116	116
" 8th. "	100.	99.3	44	44	112	116
" 9th. "	99.8	101.8	40	36	100	112
" 10th. "	99.2	102.	36	36	112	112
" 11th. "	99.2	103.2	32	44	112	116
" 12th. "	99.	102.2	40	44	120	124
" 13th. "	101.6	103.	48	44	120	120
" 14th. "	101.9	102.8	24	28	120	120
" 15th. "	101.	†104.	28	48	128	128
" 16th. "	100.6	99.2	48	48	128	128
" 17th. "	96.2		40		112	

*Temperature taken in the axilla until † when it was taken in the rectum.

Autopsy 25 hours after death by Dr. Rankin, Resident Physician, and Actg. Asst. Surg. D. L. Lamb: there was slight emaciation;

An ecchymosis the size of a quarter of a dollar was found on the under surface of the scalp anteriorly and in the median line; the sinuses of the dura mater were filled with dark blood; the Pacchionian bodies were unusually prominent; abundance of subarachnoidal fluid; brain substance normal and the membranes but little congested.

The heart presented a few patches of white lymph on its anterior surface; it weighed 12 ounces; there was a small blood clot in each ventricle; the aortic and mitral valves as well as the endocardium in the neighborhood of the valves were thickened; the aortic valves were slightly incompetent; the left ventricle was somewhat dilated; muscular tissue firm. The aorta was normal. Both lungs were firmly adherent to the costal pleurae, the right especially so, and so closely around the lower lobe as to tear the lobe in removing; one pint of grayish fluid was found in each pleural cavity; the lungs were much congested and oedematous; the larger bronchi were reddened and filled with frothy liquid; the lower part of the upper lobe of the left lung exhibited a notable constriction, internal to which was a stellate fibroid thickening. The bronchial glands were filled and black with pigment.

There was a large nutmeg liver; the gall-bladder was filled with green bile. The spleen, pancreas, kidneys and stomach were normal. There were two small intussusceptions of the small intestine, about four inches apart, and without marks of inflammation; most of the lower half of the small intestine was hyperaemic, with slight prominence of Peyer's patches and polypoid thickening of solitary glands, which were about the size of pinheads; these lesions were most marked towards the ileo-coccal valve. The solitary glands of the large intestine were quite distinct and the apex of each was depressed and presented a dot of black pigment. The mesenteric glands were somewhat enlarged.

Contributed by Dr. W. W. Johnston,
Washington, D. C.

See Microscopical Section nos. 7930 to 7932 and 7933.

No. 1310 C. 2. S. 2. C. 29 8760

Aneurism of the arch of the aorta which burst externally just above the left clavicle. The aneurism protruded from the anterior surface of

the arch just below the origin of the great vessels, and forms a sac about four inches in diameter which communicates with the distended and atheromatous arch of the aorta by an orifice about an inch in diameter.

authority Dr. Yarrow

See Transactions of the Medical Society of the District of Columbia, Vol. , page .

See Surgical Section No. 6657.

Contributed by Dr. W. O. Muncaster,
Washington, D.C.

No. 1311 C.2.S.2.F.1. 8761

Congenital stenosis of the aorta, the seat of the stenosis being between the origin of the left subclavian artery and the termination of the ductus arteriosus; the latter was still patulous, permitting the insertion of a coarse bristle. The heart was enlarged, weighing nearly 4 ounces

authority Dr. Yarrow

See Transactions of the Medical Society of the District of Columbia, Vol. III, page 65.

Contributed by Dr. S. J. Waggaman,
Washington, D.C.

See Microscopical Section, Nos. 7887 to 7889, calcareous pneumonia

Nos. 1312 C.6.S.2.-33. 8762

Left temporal bone from a case of chronic internal otitis. On making a section of the bone after decalcifying, the internal ear was found filled with a cheesy mass continuous with a similar mass in the external meatus, and communicating with a carious cavity in the petrous portion of the bone above the internal ear. The carious process had destroyed the superior surface of the bone, so that the cheesy mass lay in contact with the dura mater, which however was not penetrated.

1313 C.1.S.1.C.3. 8763

Lower half of the brain exhibiting a large abscess cavity, which occupies the greater portion of the

white matter of the left hemisphere.

authority Dr. Yarrow

See Transactions of the Medical Society of the District of Columbia, Vol. III., page 20.

Contributed by Dr. R. G. Haus,
Washington, D.C.

Nos. 8764 1314 C.7. no.13. 8805

Viscus from a female child, age about 5 years, who died of what was supposed to be tetanus.

See Microscopical Section, Nos. 7779 and 7780.

1315 C.4.S.3.N.34.

Trichocephali dispar; from the same case.

See Microscopical Section.

Dr. W. Gilpatrick Hamilton presentation 1 Nov 85

authority Dr. Yarrow

Contributed by Dr. R. G. Haus,
Washington, D.C.

Note 1315 was given to Dr McPherson to mount and not returned. cannot now be found.

Report Med. Dept. Camp Sheridan, Va.

No. 1316 C.4.S.5.C.13. 8766

Abscess of the right lobe of the liver; from a case in which 44 ounces of pus were removed by the aspirator the day before death.

See Transactions of the Medical Society of the District of Columbia, Vol. III, page 4.

authority Dr. Yarrow

Contributed by Dr. D. W. Prentiss,
Washington, D.C.

No. 1317. C.4.S.5.K.2. 8767

Gummous tumor from the upper surface of the right lobe of the liver; the tumor has been bisected and the two portions have been suspended, one above the other.

See Microscopical Section, Nos. 7804 and 7805

Archibald Gilfillan, white, age about 44, had been living with a prostitute for about eight years but of late had been sleeping

out doors and his food had been insufficient. He had had syphilis. He died suddenly on the morning of August 12th. 1875.

Autopsy by Drs. Patterson and Triplett five hours after death: there were clusters of enlarged glands in the groins, syphilitic cicatrices on the tibial crests, exostoses of the right tibia and the remains of a chancre on the penis. The head was not examined. The heart was full of blood and contained white and dark clots in the right side; the mitral valve was thickened; there was an aneurism the size of a large apple involving the transverse aorta, no rupture nor hemorrhage. The lungs were normal. The liver was friable, of a uniform dark red color, with slight adhesions to the diaphragm, and presented several patches of gummata of the superficial substance and a number of thin cicatricial patches. The spleen and kidneys were not examined. The descending colon was contracted and contained some soft yellow faeces.

Contributed by Drs. D. C. Patterson and W. H. Triplett, Washington, D.C.

No. 1318. C.4.S.S.T.1. 8768

Portion of the liver of a hog, displaying several oval indurations just beneath the capsule. There were about a dozen similar indurations on the superior surface of this liver, and a few smaller ones in the lungs, chiefly just beneath the pleura.

* See Microscopical Section, Nos. 7781 to 7784 and 7785 to 7788.

Contributed by Dr. John Waller, Washington, D.C.

*On microscopical examination, the nodules proved

to consist of small rounded cells which in the liver appear to have accumulated for the most part in the interlobular spaces.

No. 1319. C.4.S.S.T.3. 8769

Section of liver in a case of incipient cirrhosis. The liver was large, weighing 90 ounces. On microscopical examination, besides the proliferation of connective tissue (interlobular) an extension of granular biliary pigment in the hepatic parenchyma was found.

See Microscopical Section, Nos. 7761 & 7763.

See Transactions of the Medical Society of the District of Columbia, Vol. III, page 30.

Autopsy by Dr. Kenny

Contributed by Dr. H. H. Barker, Washington, D.C.

Nos. 8770 1320 C.4.S.3.E.67. 8771 1321 C.4.S.3.E.68.

Portions of ileum, with typhoid thickening of Peyer's patches.

See Microscopical Section, Nos. 7462 & 7465, 7490 & 7492, 7495 & 7502.

Private William Coleman, co. "K," 13th. Infantry, was admitted to hospital at Jackson Barracks, La., from the command at the Continental Hotel in New Orleans on the 10th. of May, 1875 at 1 P.M. No diagnosis was sent with him but upon examination, the case was diagnosed as typhoid fever. He had been borne on the sick list as sick in quarters for six days previous, but had been walking around each day and had only taken to his bed on the day of his admission to hospital.

His pulse was 120; temperature in ax-

illa 105.2°; there was no perceptible iliac gurgling nor tympanites; slight diarrhoea but not the typical diarrhoea of typhoid; loss of appetite; tongue with a heavy yellowish white coat; great confusion of ideas; was with much difficulty roused sufficiently to take his drinks, &c. He was put on milk without limit and brandy punch. During the night he became actively delirious and was with difficulty kept in bed; he grew rapidly worse and sank into coma on the morning of the 11th., in which state he remained with occasional involuntary evacuations until his death at 8.30 on the evening of the 11th. of May, the day following his admission to hospital.

A post mortem examination revealed extensive disease of the patches of Peyer. The chief interest in the case is that such extensive ulcerations were attended by so little constitutional disturbance until within 48 hours of his death.

Contributed by Asst. Surg. V. B. Hubbard,
New Orleans, La.

No. 13222 C.5.S.3.D.2. 8772

Cancer of the bladder ( ), which has ulcerated through into the rectum in two places. Whalebones are introduced into the urethra and the two openings; the second whalebone lies in the rectum.

See Microscopical Section 7875 & 7896.

Ordnance Sergeant Oliver Davis, U. S. A., was first admitted to hospital at this post February 2nd. 1873, suffering from organic stricture of the urethra near the bulb, the result of an old gonorrhoea. Gradual dilatation by steel sounds was the treatment adopted at that time, and

he was returned to duty February 28th. 1873, the hospital report of surgical operations recording the case as cured. He was readmitted to hospital November 15th. 1875. The stricture seemed to have recurred, his urethra at that time only permitting of the introduction of a number 2 sound, English scale. The patient was only able to pass his urine with the greatest difficulty, after a great deal of straining, frequently evacuating the lower bowel in his attempts at urination. He had frequent attacks of hematuria and at no time was the urine free from blood. Chemical and microscopical examination of the urine showed an abundance of albumen, probably due to blood admixture, bladder epithelium, blood and pus corpuscles and large amounts of phosphates. The condition of the patient was bad; bowels constipated, tongue foul, little appetite and severe pain in the right testicle, at the end of the penis and along the course of the genito-crural nerve. The case was diagnosed as organic stricture of the urethra, with cystitis resulting therefrom. Gradual dilatation with steel sounds was practiced until the stricture admitted number 4, English scale. Rigidity of the stricture prevented any further dilatation. It was then determined to divulse the stricture after constitutional treatment, as the patient's general condition was bad. Under chalybeate tonics he gradually improved until March 3rd. 1876, when, putting him under ether, I divulsed the stricture with Holt's dilator. After the operation, number 12 English scale passed freely. An opiate with gumming was administered after the operation. For about two weeks the steel sound was passed every third day

the patient doing well. Every few days after the operation he passed phosphatic calculi of small size, per urethram; one lodging in the urethra was removed by forceps. At the end of a month, the stricture seemed to be returning; number 8 sound passed with difficulty. The pain continued but had abated somewhat. Four weeks after the operation, while attempting to pass a sound, meeting with some difficulty, I introduced my finger into the rectum, with the design of tilting up the point of the sound. To my surprise, I was unable to feel the sound, my finger coming in contact with a tumor projecting into the rectal cavity. Careful digital examination led me to believe that the patient had malignant disease of the rectum and bladder, and that the urethral stricture was the result of this disease. The patient had been troubled with constipation but not markedly so, there never having been the diagnostic ribbon stools common in scirrhus of the rectum. From this time the treatment was palliative; narcotics to relieve pain; vesical injections; and rectal enemas of a weak solution of carbolic acid in water were frequently administered. Until five days before death the urine passed per urethram. At my morning visit May 25th. 1876, I was informed that the patient had passed no urine for twelve hours, but had diarrhoeal discharges of a urinous odor. A catheter was passed, no urine following, but instead, nearly two ounces of horribly offensive pus. I then concluded that the ulceration had opened a communication between the rectum and bladder. From that time all the urine passed per rectum. Three days before death a mild delirium with hectic set in, the result probably of the absorption of pus. This lasted until death, May 31st. 1876.

Autopsy by Actg. Asst. Surg. J. B. Newman; rigor mortis well marked; cadaver very much emaciated.

On making abdominal section, it was noticed that the adipose tissue was almost entirely gone, the muscles small and flabby. The omentum was also destitute of fat. The abdominal organs occupied their natural positions. After the removal of the intestines, it was discovered that the right kidney was absent; careful search failed to discover the missing kidney. The left ureter was followed to its kidney but no ureter could be found on the right side. As there was no appearance of disease in the normal situation of the right kidney, it was concluded that the absence of this organ was congenital. The left kidney weighed 12 ounces; its pelvis and infundibula were greatly dilated, otherwise its macroscopic appearance was normal; microscopical examination revealed nothing abnormal. The liver and spleen were healthy. The rectum and bladder, as had been supposed, were found to be greatly diseased; they communicated by a large ragged opening; three ounces of pus were found in the rectum and one in the bladder; the tissues surrounding these organs were infiltrated with the malignant growth and very much enlarged, and it was found almost impossible to remove these organs without a certain amount of tearing.

Contributed by Asst. Surg. Paul R. Brown,
Fort Shaw, Montana T.

For report of Operation for stricture of urethra, see U.S.A. 1st. of this Post, filed in Surgical Section.

No. 1323 C.4.S.3.T.136. 8773

Portion of transverse colon with large diphtheritic sloughs exposing the muscular coat in many places.

Private Jack Feeney, co. "D", 8th. Infantry was admitted to this hospital November 14th. 1875. He was nearly fifty years of age, had been a pretty hard drinker all his life, and during his stay of four or five months at the camps, had indulged in sprees about once in every four or five weeks, being unfit for duty for a few days after each spree. When taken sick on the day of admission he was suffering from the effects of a late drinking bout, and besides the usual symptoms of alcoholism, appeared to suffer from remittent fever for which he took a great deal of quinine without much result of any kind. The fever was followed by loss of appetite, diarrhoea [dysentery ?] and finally obstinate vomiting; in that condition he lingered until the 10th. of December, 1875 on which day he died. During the last two weeks of his illness, medicines appeared to have no effect whatever in controlling his symptoms.

Contributed by Asst. Surg. J. B. Girard,
Camp Lowell, A. T.

No. 1324 C.5.S.5.E.67 8774

Membranes with an embryo about two lines long attached to the inner surface, passed when the woman was supposed to be about four months pregnant.

Miss. E— J—, age 24, gave birth to a child when 16 years of age. July 25. 1874, after a tedy labor, she was delivered of a large dead infant. December 10 1875 she was pregnant for the third time and about three months gone; her menses had ceased, her abdomen was prominent, her breasts were enlarged, and she had morning sickness. On the night of January 11th. 1876 she had profuse vaginal hemorhage accompanied with pains. 12th., the bleeding had much diminished and her pains were slight; the os uteri was open and thick. Sulphate of morphia and fluid extract of ergot were ordered; and quietude. The vaginal examination was made after seeing a case of scarlatina. 13th, there was slight hemorhage; the vaginal contents were putrid. The vagina was tamponed. The hemorhage and putridity continued and the tampon was persisted in. On the 17th, a small, bad smelling mass, containing an ovum, was discharged.

Contributed by Dr. Wm. H. Ross,
Washington, D. C.

No. 1325 C.5.S.5.E.68 8775

Foetus with membranes at about the second month.

Mrs. B—, white, age 24, married. She menstruated profusely in September, 1875. Abortion took place, after severe pains, November 21. 1875.

Specimen No. 1291, supra, is from this patient.

Contributed by Dr. J. W. Van Ranum,
Washington, D. C.

No. 1326. 8776 C.5.S.5.E.69.

Foetus of a Sisseton Sioux Indian.

August 18th., 1870, at Fort Totten, Dakota, I

was suddenly called to see the squaw of one of the Indian scouts, and found that during the day, while picking berries, she had jumped from a bank to the ground below, a distance of four or five feet, and was immediately seized with a severe pain in the lower pelvic region accompanied with considerable hemorrhage. As nearly as could be learned she was about three and one half months advanced in pregnancy. Upon making a digital examination, could find no os uteri, and diagnosed "acute retroversion of the uterus", which was confirmed by making a rectal examination. After attempting the the use of the colpeurynter unsuccessfully, I placed the woman on her knees, chin touching the bed, and with two fingers in the rectum pressed the fundus over the sacral promontory and reposited the organ. The next day, August 19th., at 7 P.M., she had a miscarriage, and through the kindness of the Interpreter of the Post, I was able to secure the foetus. The patient entirely recovered in a day or two.

Contributed by Actg. Asst. Surg. J. Frazer Boughter,
Fort Craig, N. M.

No. 1327 C.S. no. 42. 8774

Foetus of about three months, with spina bifida.

Mrs. F—, white, age 28, mother of four well formed children, delivered at term, had always had attacks of haemoptysis during pregnancy. Her menses ceased in November, 1875. About the middle of February, 1876, profuse haemoptysis occurred and recurred twice at intervals of a few days; the uterus at the same time diminished in size. About the middle of March, hemorrhage per vaginam took

place and recurred every few days till April 4th, accompanied with great nervous irritability and rapid emaciation. The foetus was delivered at the latter date, the epidermis being loosened from the cutis. It is probable that the foetus had died in February. The placenta was removed. April 25th, she is still emaciating and has symptoms of lung disease.

Contributed by Dr. D. W. Prentiss,
Washington, D. C.

No. 1328. C.S. no. 43. 8778

Hemicephalous foetus, at about seven months of pregnancy.

From a light-brown colored woman, age 20, being her second child and by a natural labor. She recovered completely. Her first child and both the parents are without deformity.

Contributed by Dr. J. W. Brooks,
Washington, D.C.

No. 1329. C.S. s. 5. E. 70. 8779

Twin foetuses attached to a single placenta.

Mrs. C—, age 35, has one child living, three years old, and has had two abortions, the latter in May, 1875; she suffers with leucorrhoea and complains of debility. On the night of December 4, 1875, she had labor pains; the waters were discharged the next morning about 10 O'clock, and the foetuses came away at 10 P.M. They were at about the third month and attached to the placenta.

Contributed by Dr. J. J. Sochoron,
Washington, D.C.

No. 1330. C.S. no. 44. 8780

Monstrous foetus, cyclops, with monstrously dilated urinary bladder and deformed extremities. The specimen was somewhat mutilated during delivery.

See Transactions of Medical Society of District of Columbia, Vol II., page 83.

Contributed by Dr. A. Y. P. Garnett, Washington, D.C.

No. 1331. C.S.S.S.E.71. 8781

Extra uterine foetation. The specimen consists of a sac (composed largely, as shown on microscopical examination, of unstriped muscular fibres), to the interior surface of which adheres a two lobed placenta, and which contained a female foetus, 17 inches long, and weighing 5 pounds and 4 ounces after having been in alcohol till September 2d. 1876. On the anterior surface of the sac is the uterus, which has been stretched to seven inches in length and is obliquely deformed by the same elongation. The ~~left~~ [right.] fallopian tube can be recognized running four inches over the surface of the sac, with the walls of which it finally coalesces. The specimen probably represents right tubal pregnancy, the original seat of the ovule having been near the ovary.

The foetus, showing nothing special, was not kept.

See "The Clinic", Cincinnati, 1876, Vol. X. pp. 270 & 283.

Contributed by Dr. Wm. Stark, Cincinnati, Ohio.

No. 1332. C.S.S.S.E.72. 8782

Extra-uterine pregnancy. The specimen presents the cyst with the placenta attached to its interior surface, and parts of rectum and bladder attached externally. The seat of the development of the ovule was believed to be the right fallopian tube near its attachment to the uterus.

See Transactions of the Medical Society of the District of Columbia, Vol. III. page 1

Contributed by Dr. Robert Reyburn, Washington, D.C.

See Microscopical Section, Nos. 787 & 796.

No. 1333. C.I.S.2.E.I. 8783

Fibro-sarcomatous thickening of the dura mater. The specimen exhibits an irregularly lobulated thickening of the dura mater situated on the right side of the falx major near the vertex; it is about 1½ inches long by one inch broad and about one-half an inch thick, and proved on microscopical examination to consist chiefly of small round cells imbedded in an abundant fibrillated matrix. A portion has been removed from the growth for microscopical examination.

A portion of the brain corresponding to the seat of the tumor was examined microscopically, but nothing abnormal was found.

See Microscopical Section, No

See Transactions of the Medical Society of the District of Columbia, Vol. III, page 3

Contributed by Dr. J. F. Hartigan, Washington, D.C.

No. Uterus and appendages. Both ovaries are convert-
1334. ed into oval lobulated tumors; that on the
C.5.3.5.C.22. right side is about 7 inches in long diameter,
8784 that on the left about 4 inches. The smaller
tumor contains in its lower portion a
cyst about 1½ inches in diameter. On the
anterior surface of the uterus is a fibroid
pedunculated tumor one half inch in
diameter.

On microscopical examination

This specimen is one of those referred to in the Surgeon General's Circular of the 1st of May 1866 and was received in pursuance thereof from the Army Medical Museum

See Microscopical Section, 7925 to 7928.
See Transactions of the Medical Society
of the District of Columbia, Vol. , page .
Contributed by Dr. J. H. Thompson,
Washington, D.C.

No. Right lung with a portion of the oesophagus
1335. attached. A cheesy bronchial gland has ulcer-
C.2.5.3.A.5. ated into the oesophagus by two openings
8785 and death took place from hemorrhage
into the oesophagus.

1336 A section of small intestine with a portion
C.4.5.4.E.20. of mesentery, showing a number of cheesy
8786 tubercles about the size of split peas on the
peritoneal surface of the intestine, and
cheesy enlargement of the mesenteric glands.

1337 Spleen enlarged to five inches in length,
C.4.5.7.&17. containing a number of yellow tubercles the
8787 size of peas.

See Transactions of the Medical Society of
the District of Columbia, Vol. III, page 59.
Contributed by Actg. Hpl. Surg. D. L. Lamb,
Washington, D.C.

1338 Stomach presenting on its posterior surface,
C.4.5.2.C.25. near the greater extremity, an oval, irreg-
8788 ularly lobulated carcinomatous growth, 4½
inches in its greater diameter and an
inch in thickness. The small spleen is
attached to the greater extremity of the
stomach.

James Powers, a citizen, aged 39 years
died at this post August 6. 1865, of carcin-
oma of the stomach. The morbid growth
was confined to the cardiac end of the
organ, occupying the posterior surface;
the small spleen was studded with
small yellowish cancer tubercles; the
liver contained from fifteen to twenty
~~morbid~~ nodulated tumors from the size of a pea
to that of a horse-chestnut; the lungs
and kidneys were sound.

The autopsy was performed in a pri-
vate house and was not so thoroughly
done as could be desired. The deceased,
a sensible, intelligent man, who was dis-
charged from the British service in 1864
with a good character, stated that he
had vomiting of blood, with pain in
the stomach, prior to this; that he had
no hereditary taint; that he was not
a drunkard and that he had received
no injury in that region. Subsequent
to his discharge, he worked as a laborer
for eight years and enjoyed excellent
health; he weighed as much as he ever
did. In July 1864 he was attacked with
what he considered chills; he complained
merely of weakness. A short time prior to
his death he removed from New Orleans,
Louisiana, to this post, with his brother,
recently discharged from the 3rd. Infantry.
I saw him about three weeks before his

death; he vomited blood on two or three occasions, but frequently passed blood and gelatinous, purulent looking matter, debris of the tumor (?) by stool. He suffered much from pain and died from exhaustion. Salicylic acid was found of great service in destroying the cancerous odor. He had a morbid appetite throughout. While under my observation his temperature was ~~temperature~~ was generally below the normal standard, as might be anticipated.

See Microscopical Section.

Contributed by Asst. Surg. Donald Jackson
Fort Duncan, Texas.

No. 1339. C.4.S.4. F.8. B.2. Colloid cancer of the stomach and omentum.

See Transactions of the Medical Society of the District of Columbia, Vol. IV, page 3.

Contributed by Dr. Johnson Eliot,
Washington, D.C.

Author Dr. Eliot

8789

No. 1340 C.6.S.2.-34. Third and fourth ribs of the right side, with congenital synostosis.

From an old woman.

Contributed by Dr. Fred. Schaffner,
Washington, D.C.

8790

No. 1341 C.7. no.14. Head of cat, whose right ear is the seat of a cauliflower-like growth, simulating an epithelioma in appearance. On microscopical examination

8791

the fungoid mass proved to consist of an accumulation of sebaceous matter among the fine hairs of the ear over a superficial ulceration of the integument.

See specimen No. 1275.

Contributed by Surgeon B. J. D. Irwin,
West Point, N.Y.

Nos. 1342 C.5.S.3.D.3. 1343 C.3.S.2.M.I. 8792 8793 and 1344 C.4.S.7.H.I. 8794 Echinococcus cysts from urinary bladder.

Middle lobe of right lung presenting near its anterior border a cavity cyst rather larger than a walnut filled with echinococcus cysts.

Spleen at the lower extremity of which is a similar but larger cyst filled with echinococcus cysts.

History and autopsy by Dr. Ainsworth:

Max Sterns, Band, 21st. Infantry, native of Poland, age unknown, but thought to be about 40, was admitted into the Post Hospital, Fort Vancouver, in the latter part of August, 1875, complaining of retention of urine. The following history was elicited from him. Had been perfectly well up to three years ago, when on one occasion he was forced to retain his urine for several hours in spite of an urgent desire to void it and when an opportunity to relieve himself came he was unable to do so for some time but at last succeeded though painfully and with great effort by pressing on the right side of the abdomen. The next day he urinated without difficulty and had no further trouble until about six months afterwards, when, under similar circumstances he found himself in a like predicament; but on this occa-

sion, failing to empty the bladder himself, he applied to a doctor, who passed a catheter on(?) him without difficulty and relieved him. From this time the attacks of retention became more frequent, occurring every three or four weeks. Sometimes he could start the stream himself by pressing as above stated on the right side of the abdomen but more frequently was obliged to visit a doctor. In the intervals between the attacks the urine flowed readily and in a full sized stream.

This state of things continued for about a year, during which time the catheter was frequently used on him by several different surgeons, both civil and military, and always passed easily and without pain, but at last an attempt to pass a solid instrument during one of the attacks was attended with difficulty. He says the doctor persisted however and after about an hour succeeded, but only by using a great deal of force and causing him intense pain. Profuse urethral haemorrhage followed and continued for three days. Since that time his stream of urine has steadily diminished in size until now it is very small and five or ten minutes are required for him to empty his bladder. He can never micturate without pressing on the right side of the abdomen. Complains of constant pain referred to the supra-pubic and perineal regions, partially relieved by evacuation of the bladder, aggravated by retention of urine for three or four hours and rendered unendurable in six or seven.

He also suffers excruciating pain in the rectum during defecation and says that at all times he has a sensation as of a foreign body filling up the lower bowel. Denies ever having had gonorrhoea or any other disease except

those incident to childhood. On exploring the urethra a stricture was found at about the bulbo-membranous junction which would admit nothing larger than a number four soft instrument. A flexible catheter of this size was passed and about a pint of urine drawn. Morphia was administered hypodermically and the patient put to bed.

The following day after a warm bath and another hypodermic, a more careful examination was made with the following result. Over the whole of the lower portion of the abdomen pressure caused considerable pain. For about three inches above the pubis perfect flatness on percussion existed although the bladder had just been emptied. Palpation in that region gave the patient so much pain that I was forced to desist. Gentle pressure revealed nothing abnormal. Introducing the finger into the rectum I found that passage apparently entirely blocked up by a tumor situated in the region of the prostate. Its boundaries could not be ascertained for the finger could not be passed around it in any direction. It was perfectly smooth and hard to the touch and no sense of fluctuation could be detected in it. Pressing it caused pain similar to that felt during defecation. Prolonged but gentle attempts were made with all the instruments at my command to enter the bladder but nothing would pass larger than a number four elastic catheter introduced with the stilette which was slightly withdrawn as the tip of the catheter reached the obstruction; first then the manoeuvre which is so commonly resorted to in cases of enlarged prostate, and the only one in this instance

which was successful. No solid instrument could be passed and consequently no exploration of the bladder could be made.

On the fourth day after his admission to hospital symptoms of acute general peritonitis showed themselves. This complication proved fatal, the patient dying September 12th.

Autopsy the same day, seven hours after death: Rigor mortis well marked; body not much emaciated; the integument in the hypochondriac and epigastric regions was covered with numerous cicatrices the result of repeated wet cupping during some previous illness, no history of which had been obtained from him during his treatment in hospital.

On opening the abdominal cavity a small amount of straw colored serum escaped. The intestines were covered here and there with patches of recent lymph, flakes of which were floating in the fluid which partially filled the cavity. The peritoneum was inflamed throughout its whole extent, but the roughening of its surface, dilatation and rupture of subserous capillaries, exudation of lymph and other changes characteristic of this morbid process were far more marked in the inferior than the superior abdominal region.

The bladder was distended, reaching about two inches above the symphysis, thickly covered with fresh lymph and firmly bound down on all sides by old adhesions. The inflammatory process had been more extensive and evidently of longer duration on the right side of the organ than the left for the pelvic cellular tissues were involved to a greater degree in the former situation than in the latter, infiltrated and swollen so as to displace the bladder somewhat to the left. The central

portion of the mass was disintegrated and purulent, two or three ounces of thick pus escaping as the adhesions were broken up for the purpose of removing the bladder. The bladder when grasped with the hand in situ had the feel of a hard solid immovable tumor. When opened it was found to be completely filled with cysts about sixty in number, varying in size from a pins head to a large orange. None of them were attached to the wall of the organ but were lying free in its cavity. The cysts themselves were all single, that is none of the smaller were contained within the larger, and consisted of a firm, transparent, colorless membrane containing a clear yellowish watery fluid. In addition to them were found two ruptured sacs, evidently the collapsed mother bladders of the colony, much larger and thicker than the unruptured vesicles, greyish-white in color, translucent and of a gelatinous consistency. Their external surfaces were perfectly smooth, bearing no evidence at any point of having been attached to the bladder. The bladder walls were very much thickened and had a hard, inelastic, leathery feel; at the fundus the tissue was so much indurated as to cut like cartilage; in this locality the normal muscular elements of the middle coat were hardly discernible, their place being occupied by a dense fibrous layer; in the body and neck the muscular layer was greatly hypertrophied. The mucous membrane was thickened, raised into prominent folds and covered with a slimy muco-purulent matter. No ulcerated points were discovered. The base of the bladder was deeply excavated forming a de-

dation, the floor of which was much below the level of the vesical outlet and encroached upon the rectum beneath and the urethra anteriorly.

The urethra was healthy down to the bulbo-membranous junction; at this point a stricture existed which would however admit a number 8 sound without difficulty after the bladder had been emptied of its contents.

The prostate and rectum were normal.

The lower extremity of the spleen was the seat of a growth about the size of a small orange similar in its external appearance to the one found in the lung. Like it, it consisted of a firm fibrous capsule imbedded in the substance of the organ. Its contents ~~however consisted of a firm fibrous capsule imbedded in the substance of the organ. Its content~~ however consisted of a caseous matter, very much like marrow in color and consistence and a single large collapsed cyst folded up and compressed within the cheesy mass. The cavity of the cyst 3345 was empty. In size it was about equal when unfolded to one of the large ruptured mother bladders of the colony found in the bladder. Its wall was a little thicker than the above, harder, colorless and perfectly transparent resembling exactly the tissue of the cornea.

The liver was perfectly healthy, the most careful examination failing to reveal any unnatural appearance. The stomach, intestines and left kidney were sound; the right was somewhat congested. Right ureter slightly dilated; left, normal.

The middle lobe of the right lung contained imbedded in its anterior portion a tumor a little larger than a walnut, consisting of a firm fibrous capsule of a yellowish white color, intimately connected on all sides with the lung tissue and containing several cysts varying in size from a pea to a marble. In appearance they were precisely like the smaller cysts found in the bladder. The lower lobe of the lung was healthy; the upper lobe contained at its apex a few cheesy and calcareous nodules and miliary tubercles scattered more or less throughout it. Left lung sound. Heart and great vessels normal.

No enlargement of the glandular apparatus of the thorax, abdomen or pelvis. The brain, unfortunately, was not examined.

Contributed by Asst. Surg. T. B. Ainsworth
Camp Grant, Arizona Territory.

See (NY) Medical Record Sep. 25. 1880, p. 346 for a published account of this case.

No. 1345 C. Z. S. Z. C. 30. 8795

Large aneurism of the arch of the aorta.

"Private John McCausland, company G, 23rd Infantry was received into hospital June 1, 1876, suffering from aneurism of the aorta, the most urgent symptoms of which were dyspnoea and pain, the latter not very severe, referred to lower portion of right chest. Counter-irritation, rest, iodide of potassium and morphine, made up the treatment with little effect in relieving either dyspnoea or pain. June 2d 6.30 P. M., after suffering severely all day, the patient fell upon his bed and expired without a struggle. Deeming it possible the apparent syncope was due to carbonic acid poisoning, artificial respiration was kept up for an hour, of course without effect.

Autopsy seventeen hours after death: Body well nourished, is of a man powerfully built, about five feet, six inches in height; muscu-

lar system highly developed; no external marks of injuries. Position of parts in abdominal cavity normal. Liver hypertrophied, weighing 76 ounces; was engorged with blood. Kidneys and spleen apparently normal as were the other abdominal viscera, and all were more or less engorged with blood.

Thoracic cavity: Position of parts normal. Lungs and pericardium somewhat distended; quite extensive adhesions between anterior surface of right lung and thoracic wall, and between pericardium and sternum from about its centre to superior borders. Lungs congested, color at upper surface bright pink, a rather remarkable feature, the more remarkable because the subject passed most of his life over a blacksmith's forge. I could discover no evidence of disease other than those of bronchial catarrh and the adhesions above mentioned. The pericardium contained eight ounces of blood, the source of which was quickly discovered in an aneurism of the aortic arch, which had ruptured into it."

Contributed by Apt. Surg. John V. R. Hoff,
Post hospital, Fort McPherson, Nebraska.

No. 1346. C.4.S.3.0.6. 5746

Perforating ulcer near the root of the vermiform appendix.

"Private Charles Canal, co. "E", 4th. Cavalry, was taken ill when on his way to this Post with his company. A few days after, on the 13th. inst, he was received here. He complained of pain in the right iliac fossa. There was constipation and vomiting but otherwise the ordinary signs of peritonitis were absent. He was treated with opium and hot applications to the abdomen until the day before his death (19th.) when,

after careful examination and consultation with Acting Assistant Surgeon L. A. La Garde, U.S.A, it was decided that the patient was dying by reason of mechanical obstruction of the bowels, possibly by faecal impaction; and enemas, and ten grains of calomel by mouth were administered.

At the autopsy, evidence of very extensive general peritonitis was discovered, and a perforating ulcer of the appendix vermiformis, which is believed to have been the fatal cause."

Contributed by Apt. Surgeon C. E. Munn,
Camp Robinson, Nebraska.

No. 1347. C.4.S.5.B.8. 5797

Advanced cirrhosis of liver; weight of specimen, when received 39 oz.; after having been some time in alcohol, 37 oz.

Columbus Rodemore, Sergeant, co. "L", 4th. Cavalry, age 36, was first taken sick on July 7, 1876; complained of severe pain all over his chest, side, back and abdomen. Administered hypodermic injection of morphia one quarter grain; next morning he said he felt well and was returned to duty.

"On July 19th. he was admitted to the hospital and upon examination presented the following appearance: Quite prominent enlargement of the abdomen, which proved to be fluid; enlarged abdominal veins; skin on the chest and conjunctiva slightly jaundiced. Tested his urine and found it normal. Examined his liver and found it much reduced in size. Patient stated that he had never had anything the matter with his liver; had never had jaundice before; had never had syphilis; had for a number of

years been a "steady drinker", and generally took his whiskey "straight".

The case was then diagnosed Ascites depending on cirrhosis of liver. The treatment consisted for several weeks of diuretics: Squill and digitalis; acetate of potash; bitartrate of potash and infusion of juniper; but although they seemed to increase the amount of urine, they did not apparently diminish the ascites. Drastic purgatives such as elaterium, calomel and jalap were then tried with no better result than weakening the patient so much that a generous diet and stimulants had to be freely used. The patient grew steadily worse until the 3rd. of September when he had a return of the severe pain he experienced before on the 8th. of July. By the use of hypodermic injections of morphine the pain was controlled, but would return again as soon as the effect of the morphine passed off. Thinking that tapping could relieve him the operation was performed with an aspirator and about three gallons of fluid drawn off; but relief did not follow and he died on the 7th. of September.

On post mortem examination all the organs were healthy but the liver and spleen. The former had the appearance of cirrhosis; while the latter was slightly enlarged, probably due to malaria."

Contributed by Hpt. Surgeon A. A. De Loffre,
Fort Reno, Indian T.

No. 1348
C. 4. 3. 2. E. 1.
4798

Portion of the stomach of a horse, with a number of bots (Oestrus equi) adherent; the jar contains a number of non-adherent bots from the same stomach.

The horse died apparently of colic.
Contributed by Apt. Surgeon Carlos Carvallo,
Fort Stanton, N. M.

No. 1349.
C. 2. 3. 2. d. 31.
8799

Small aneurism of descending aorta, situated about 1¼ inches below the origin of the left subclavian artery, which ruptured some weeks before death into the right pleural cavity, causing collapse of the lower part of the right lung and subsequently ruptured into the oesophagus causing a fatal issue.

"Marcial Cardenas, Private, 4th. Cavalry, age 32, was admitted to hospital April 11. 1876. In this somewhat remarkable case a rupture of the posterior branch of the right middle cerebral artery had at some time taken place, with the formation of a clot of some magnitude within the middle lobe of the right hemisphere. Around the latter, extensive inflammatory softening of this lobe had resulted in an abscess of considerable size; with accompanying symptoms of apoplexy, viz.: Coma, paralysis of the left side, &c. Just prior to these manifestations of brain lesion it would appear that a sacculated aneurism of the descending aorta had burst into the right pleural cavity, largely filling the right thorax with blood and compressing the lung. These grave injuries to important organs were not followed, as might have been anticipated, by the speedy death of the individual, who survived six weeks, the hemiplegia gradually disappearing; and from a condition of almost complete collapse slowly regained his strength and was apparently progressing favorably towards ultimate convalescence, until a second rupture

of the aneurismal sack into the oesophagus occurred and death soon followed.

The clinical history of this case is as follows: Private Cardenas, a Mexican by birth, of a gross habit, appeared at sick call April 11. 1876 and complained of shortness of breath and inability to blow his instrument, a brass horn, and was admitted to sick report. On the 15th. inst., four days afterwards, he was seized, in quarters, with sudden faintness and alarming prostration. Acting Assistant Surgeon J. L. Powell, who saw him immediately afterwards, found an entire cessation of respiratory movement and murmur over the right side of the thorax and universal flatness on percussion; while the respiratory movements of the ribs on the left side were evidently increased; marked pallor of the face and skin prevailed and the pulse was extremely feeble. At this time there was no loss of consciousness or apparent paralysis.

Two or three hours later he was seen by me; at that time he was unconscious but frequently moved his right extremities restlessly, and paralysis of the left side evidently existed, as he did not move the left arm or leg; the angle of the mouth inclined to the right, the lips puffed occasionally in breathing; both pupils were moderately dilated and the muscles of the right eyelids vigorously resisted exposure of the eye, while those of the left eyelids were helpless. Beyond these symptoms of apoplexy, there yet was apparent an unusual pallor and coolness of the entire surface of the body, a manifest condition of collapse, which could not be satisfactorily accounted for; the pulse was barely perceptible. The flatness on percussion over the right lung and absence of vesicular murmur, had in a considerable degree disappeared anteriorly (the lung floating above the fluid, the decubitus being dorsal). Consciousness returned during the following night, but the hemiplegia, pallor and coolness of the surface continued; and for two weeks thereafter his condition was thought to be very critical. After this time a more rapid improvement took place; the action of the heart gradually increased to nearly normal strength, the paralysis diminished and he recovered slowly the use of the left extremities; the hand however dangled helplessly for some time before he regained much apparent command of the muscles of the forearm. For some two weeks or more prior to his demise he went about the hospital and grounds, had a fine appetite and slept well; and even extended his walks on a few occasions down to band quarters, some distance from the hospital building. He always claimed that he felt very well, when asked as to his condition. Locomotion however yet continued a little unsteady and the grasp of the left hand was quite infirm; also the tongue, when protruded, still curved much to the left. May 28th., as he was in the act of sitting down to dinner, sudden faintness came on, and he immediately vomited a large quantity of fresh arterial blood. No further hemorrhage occurred during the afternoon, and when last seen by me about 8P.M., although greatly blanched and nearly pulseless, he stated that he was "pretty comfortable", "didn't feel sick", and had taken a cup of tea. Just at taps, 9.30 P.M., a violent hemorrhage occurred from the mouth and nose with an almost immediately fatal result.

Autopsy made thirteen hours after death: The right pleural cavity contained a large amount of very dark disintegrating coagula and fluid blood, which had evidently been extravasated some considerable time prior to death.

This extravasation had occurred within the pleura
pulmonalis and was confined wholly behind
and below the lung, which was compressed for-
wards and to some extent upwards. Considerable
damage had resulted to the superficial paren-
chyma of the lung posteriorly, especially near its
posterior border, through which the escaping fluid
had apparently effected an entrance from the
descending aorta. The opposing pleural sur-
faces were coalesced and firmly adherent to
the chest walls and also to the lung itself a-
long the external surface and base. These ad-
hesions were undoubtedly old and had evi-
dently limited the amount of extravasation,
and to their strength was probably due the tem-
porary preservation of the patient's life by pre-
venting the general diffusion of the escaping fluid
throughout the pleural sack and the forcible
compression of the lung into the apex of the
thorax.

About 1/4 inch below the origin of the left sub-
clavian artery a sacculated aneurism of mod-
erate size, with a large mouth, projected from
the right aspect of the descending aorta against
and around in front of the oesophagus; the
aneurismal pouch was oval in form and from
one to two inches in its long diameter. A cir-
cular ulceration some three lines in diameter
through the sack immediately over the oesophagus
indicated the position of the fatal rupture. After
a little search a second small opening through
the sack nearer its mouth was found, which
communicated to the right behind the oesophagus
directly with the extravasation within the right
pleura. (A small twig has been &c &c). Moderate
tubular dilatation of the aorta existed for a
short distance above and below the aneurismal
sack, and a few atheromatous patches and cal-
careous deposits were observed in the vicinity.

The sack contained a small amount of clot, and
was partially lined by a thin lamina of fibrin,
which is believed to have occluded the passage to
the right thorax. The tissues and valves of the
heart appeared to be in a pretty healthy condi-
tion, although this organ, as well as the whole
vascular apparatus was found nearly exsang-
uine. The kidneys appeared to be in the ear-
lier stage of Bright's disease. During the life of
the individual no particular complaints were
made, nor were there any symptoms of
aneurismal pressure.

The membranes and convolutions of the
brain presented a generally healthy appear-
ance with no special increase in quantity
of the cerebro-spinal fluid. A portion of the
upper surface of the middle lobe of the right
hemisphere partially fell in, forming a shal-
low depression, two inches or more in di-
ameter owing to the necessary handling
of the brain during and subsequent to
its removal. This sufficiently indicates
the extent of inflammatory softening of
the brain structure beneath. No evidences of
inflammation or injections of the vessels of
the pia mater covering this region, were
observed; over the opposite hemisphere
however the latter membrane presented
an appearance of slightly increased vas-
cularity. On slicing the brain, the greater
part of the interior of the right middle lobe
was found to be occupied by a collection
of semi-fluid purulent matter and more
or less disorganized brain tissue, which ap-
proached to within a comparatively short
distance of the surface of the hemisphere, both
above and below and encroached somewhat
upon the anterior lobe. Immediately sur-
rounded by completely disorganized cerebral

tissue was the supposed extravasation previously referred to which was not less than 2½ inches in length and half an inch or more in diameter. It exhibited but slight discoloration of its substance, was encysted and firmly connected by its envelope with the artery (the posterior branch of the right middle cerebral) which appeared to suddenly terminate at the junction. This small vessel was dilated to more than twice its normal calibre and was plugged back about an inch, to its origin from the middle cerebral; the latter vessel was also slightly larger than usual or the corresponding artery on the left side.

The above description, as well as the appearance of the extravasation might easily cause some doubt whether we had here simply a cerebral clot, of six weeks date enclosed in an adventitious envelope or an extensive aneurismal dilatation of this normally small vessel. Still after careful examination the former conditions were believed to exist in this case.

Although the patient's mind was obviously to some extent impaired he never manifested any marked hesitancy of speech or want of intelligence; nor were there indications of that peculiar mental state to which the term aphasia is applied."

Contributed by Surgeon F. L. Town, U.S.A.
Fort Lile, Indian Ty.

No. 1350. C.5.3.5.E.73. 8807

Embryo arrested in its development at about the fifth week but retained a little over three months.

"A foetus of scarcely five weeks development, but which was carried for about three months and one week. The mother Mrs. Harry B. was married in June 1875, menstruated regularly until the latter part of November following; at the usual time had morning sickness (about the last of December) but it only lasted a short time. She was young and full of gaiety (about 19), frequently used to romp and tussle with her husband like a boy as she herself expressed it, not supposing it would injure her. On the 20th. of January, after lifting a heavy weight, she was taken with labor-like pains and some discharge. By the 3rd. of February she was well. On the 8th. of March, after taking a long walk, I was sent for again. When I arrived she had already aborted.

I do not think the attack on January 20th. could have been menstruation; she had missed nearly two months, had had morning sickness, breast and abdomen had increased apparently in size but did not increase any more. The symptoms were such as would follow over exertion during pregnancy and I looked upon the attack as one of threatened abortion, though I am aware that none of us are infallible.

My theory was that she became pregnant the last of November, that the foetus perished at about the fifth week but that she continued to carry it until the 8th. of March."

Contributed by Dr. Elias C. Price,
262 Madison Avenue, Baltimore, Md.

No. 1351. C.4.3.5.I.31. 8801

Biliary calculus (of cholesterine); weight 100 grains. Found at post mortem examination of a mulatto woman, age 60, who died December 17, 1876. No history of hepatic colic.

Contributed by Dr. G. Lloyd Magruder,
Washington, D.C.

No. 1352. C.S.S.S.E.14. 8802

Ovum of about three months.

Passed January 13.1877 by Mrs. —, age 21, who had last menstruated October 8.1876.

Contributed by Dr. S.S. Bond,
Washington, D.C.

No. 1353. C.4.S.S.L.14. 8803

Large hepatic abscess.

"Private John Logan, co. "E", 14th. Infantry, was received from the field by transfer from Surgeon B.A. Clements, U.S.A., October 24.1876, with a noticeable enlargement of the abdomen. Diagnosis as recorded: 'Chronic inflammation of the liver.' History obscure. Patient was in ill-health when he left Camp Douglas last Spring. Surgeon Vollum treated the case primarily. After death (December 18.1876) an inspection was made by Acting Assistant Surgeon V.T. McGillycuddy U.S.A., who records results as follows:

Autopsy 12 hours after death: on opening thorax and abdomen, found left lung and heart normal and in good condition; right lung compressed by the liver to such a degree as to be useless, the upper border of the liver reaching up as high as the third rib, the two surfaces of the pleura on the right side were closely adherent in every portion.

The liver itself was apparently very much enlarged, extending as I before stated up as high as the third rib on the right side and was firmly adherent to all of the surrounding viscera and the diaphragm, owing to a general peritoneal inflammation.

The peritoneal surface of the intestines was also firmly adherent in places and in the abdominal cavity were found about 16 ounces of serum. On attempting to remove the liver and while tearing apart the adherent surfaces

of the visceral and parietal portions of the peritoneum by which the left lobe of the liver was firmly attached to the parietes, I was surprised by a sudden gushing forth of a large amount of purulent matter having a strong odor of gall, which proceeded from a very large abscess in the right lobe, the contents amounting to about 20 ounces; of course the escape of the contents of this abscess reduced the apparent enlargement of the liver to a normal size. There was another small abscess in the lower posterior portion of the left lobe, which was not opened. The gall bladder was distended with bile."

When received at the Museum, the liver weighed 8 ounces.

Contributed by Asst. Surg. C.E. Munn,
Camp Robinson, Nebraska.

No. 1354. C.4.S.S.A.13. 8804

Diverticulum of the ileum, from about three feet above the caecum.

From Michael Haskins, American, age 19, citizen, who was killed accidentally by a gunshot wound of the heart and lungs September, 1877, at Lincoln, New Mexico. See Surgical Section, no. 6739.

Contributed by Asst. Surg. Carlos Carvallo,
Fort Union, New Mexico.

No. 1355. C.8.no.45. 8805

Hydrencephalocele.

From a twin mulatto male child, which died when two weeks old. It did not grow much after birth and for two days before

death refused to nurse. No other external abnormity was found; no internal examination was made.

As received at the Museum, the tumor was elliptical in shape and measured 15½ and 11¾ inches respectively in its circumferences; it communicated with the cranial cavity through a small opening in the occipital bone. Its contents were liquid, collected into three non-communicating cysts with very vascular membranous walls, which were not attached to the common integumentary covering; this contained liquid was of an amber color and in quantity one pint. The cysts did not communicate with the membranes of the brain.

Contributed by Dr. R. S. L. Walsh,
Washington, D.C.

No. 1356. C. 2. S. I. D. 35. 8806

Atheromatous ulceration of aortic valves.

"Charles W. Brown, Private, co. "G", Penn. Party, aged about 40 years. He was a soldier from 1856 to 1860 and from 1861 to 1865 a commissioned officer of New York Troops (mustered out in 1865 as Captain of the 41st. New York Volunteers). Enlisted in 1866 in regular infantry, discharged in 1874 and enlisted again in 1876. Never on sick report (to my knowledge) till January 15. 1877, when he came back from the exposure and hardship of duty in South Carolina looking yellow and miserable and having severe bronchitis and rheumatism pains. When the bronchitic noises passed, at once there was evident a rather loud heart murmur (insufficiency of valves, aortic, I think). He had been taking quinine pretty freely for his other ailments. I then put him at taking digitalis and Fowler's solution and occasionally Dover's powder at night;

still using external embrocations. His heart's action came down but he did not gain strength or appetite. The day before his death his dyspnoea became very urgent and was only partly relieved. He died suddenly and without apparent distress at 4.30 A.M. February 23rd. Few days before his death there occurred an eruption on the extremities, simulating that of purpura (this before he took arsenic) but did not remain. His face became swelled and unnatural about the same time and remained so. Mind clear to the last. (No dulness over the chest at any time.

Autopsy eight (8) hours after death: Rigor mortis fairly marked with some hypostatic discolorations of body and limbs; body fairly nourished and well formed; height 5 feet 8¾ inches. Liver congested very much; gall bladder very full; weight of liver after incision 6 pounds 1 ounce; there was circumscribed tendency to cirrhosis in one part. Spleen full of blood and broke in removal; weight 2 pounds, about eight times the natural bulk. [?] Kidneys congested and capsule peeling too readily, otherwise healthy; weight 9 ounces and 8 ounces each. Pericardium contained about six ounces of serous fluid but was large and flaccid as if previously swelled out by prior effusions; some deposits on its cardiac reflection; cavities of cardium not opened; weight 1 pound 10 ounces. Lungs as free from disease and as inflated as if the autopsy had occured in Colorado or California. Head not opened."

Contributed by Surgeon C. B. White,
Depot hospital, Columbus Barracks, Ohio.

No. Acephalous foetus with hare-lip.
1357. Contributor unknown.
C. 8. no. 46.

8807

No. Uterus with a small fibroid polypus half an inch
1358. in diameter projecting into the cavity near
C. S. S. S. B. 14. the fundus; an intramural fibroid growth
8808 3/4 inches in diameter in the posterior wall;
and half a dozen pedunculated oval fibroid tu-
mors seated on various parts of the external sur-
face, the smallest being 1/4 inch in diameter,
the largest 1 1/2 inches in diameter.
From a cadaver used for dissecting purposes.
Contributed by Surgeon Chas. K. Greenleaf,
Nashville, Tenn.

No. Pseudencephalous female foetus at term (the head of); no
1359. other anomaly. [St. Hicaire's classification.] The infant
C. 8. no. 47. breathed. See Transactions of the Medical Society of the
8809 District of Columbia for a few minutes.
Contributed by D. C. H. A. Kleinschmidt,
Georgetown, D. C.
See Microscopical Section, No. 7723. Hard tissue missing

No. Foetus aborted at about the sixth month presenting a tumor, springing
1360. from the buttocks and sacral region. It was
C. S. S. S. E. 75 lobulated, 9 inches long, soft and con-
8810 tained no cysts. See Lancet, London, Aug. 4. 1866, p. 120. Also Bull. Méd. du Nord Quebec, 1881 p. 259.
Contributed by Dr. Joshua A. Ritchie,
Georgetown, D. C.
See Transactions of Medical Society District of Co-
lumbia,

No. Aborted ovum; no embryo was made out in
1361. the central cavity.
C. S. S. S. E. 76.
From Mrs. G—, white, age 28; she had her
8811 last catamenia in September, 1876, but uterine
haemorrhage occurred in December and re-
curred at irregular intervals since until
April 11, 1877, when, after several hours of pain
and hemorrhage, the ovum was passed.
Contributed by Dr. J. F. Hartigan,
Washington, D. C.

No. Aborted ovum; an embryo three lines long, adherent
1362. to the inner wall of the central cavity, is
C. S. S. S. E. 77. raised upon a bristle.
8812 Mrs. L— b—, age 25, mulatto, married in
December, 1876 and menses appeared on the 27th.
About February 1. 1877 she passed a few drops of
blood per vaginam and thinking she had
taken cold, took some oil of savine and
used warm hip- and foot-baths with the
effect of procuring a slight flow of blood. A-
bout April 1st. she had a sudden and copi-
ous haemorrhage from the vagina; the bleed-
ing recured, attended with pain, almost
daily until the 12th., when the ovum was
aborted. Recovered.
Contributed by Dr. D. S. Lamb,
Washington, D. C.

No. Portions of liver with nodules of medullary
1363. cancer imbedded.
C. 4. S. S. F. 18. See Transactions of the Medical Society of the Dis-
8813 trict of Columbia, Vol. IV, 1877, pp. 86 and 90
Autopsy by Dr. Toner
Contributed by D. J. M. Toner, Washington, D. C.

Nos. 8814 1364. C.4.S.4.F.9. and 1365. C.4.S.3.O.7. 8815

Cancer of omentum, 12 inches long by 3 inches wide. See Micros. Section, nos. 8039 to 8042. Uterus and portion of rectum between which is an irregular carcinomatous mass, a softened portion of which communicates with the rectum by a perforation one inch in diameter. Note. The liver had imbedded in its substance a number of irregular cancerous nodules. (Much cut into before receipt and not preserved).

See Transactions of the Medical Society of the District of Columbia, Vol. IV, 1877, pp. 83 and 89.

Contributed by Dr. J. F. Hartigan,
Washington, D.C.

See Micros. Section, nos. 8090 & 8092, cancer of liver.

No. 1366. C.4.3.3.M.47. 8816 Courtesy of Dr. Lamb

Portion of ileum showing a tubercular girdle-sore; tubercles on the peritoneal surface.

~~See Transactions of the Medical Society of the District of Columbia,~~

Contributed by Dr. G. L. Magruder,
Washington, D.C.

See Microscopical Section, Nos. 7899 & 7903.

No. 1367. C.8.no.48. 8817

Skeleton of hydrocephalic foetus at term.

The mother was a mulatto, age 37 and had had seven children, born well-formed. She had with this child much swelling and phlegmonous inflammation of abdomen and lower extremities; she had also syphilitic ulcers of the vagina. The infant was turned and delivered with the hook (May 21, 1877), the right humerus and clavicle being broken in the act. The head measured 19 inches in circumference.

Contributed by Dr. C. M. Ford,
Washington, D.C.

No. 1368. C.1.S.1.B.7. 8818 Courtesy of Dr. Lamb



Cerebellum, presenting in its superior portion a large cavity 2½ X 1½ inches in diameter, which had been filled with a blood clot.

See Transactions of Medical Society of District of Columbia, Vol. V, 1878, page 22

Contributed by Dr. G. L. Magruder,
Washington, D.C.

No. 1369. C.2.S.2.C.32. 8819

Aneurism of the descending aorta, just below the left subclavian artery, ~~which~~ has ruptured into the left pleural sac. "Private Charles Fisher, co. "C", 16th. Infantry, died almost suddenly of rupture of an aneurism of the arch of the aorta April 21, 1877 at 11.12 P.M. Fisher was not on the sick report, cause of death not known until discovered at post mortem examination. Sixteen hours after death an autopsy was made. Rigor mortis slight. Physique well developed. No marks of external violence. Deep suggillation in parts on dependant parts. Evidences of slight haemorrhage from nose and mouth. Left pleural cavity distended with four pounds (avoirdupois) of blood, some of it in large clots. No blood in right pleural cavity. Lungs of both sides collapsed. A large ruptured aneurismal sac of arch and descending portion of the aorta and a large carious cavity of spine, involving the parts of the vertebrae immediately adjacent, were found. The ruptured sac opened into the superior portion of the left lobe of the lungs and blood had been forced through it into the pleural sac. The specimen forwarded to the Army Medical Museum, an incision in the sac was made at post mortem examination to examine the carious cavity of the vertebra. Left lobe of liver atrophied.

Substance of spleen pultaceous. Anterior portion of the capsule thickened in patches. Both kidneys normal. Bladder empty. Brain unusually soft; large arteries of brain atheromatous. Vessels generally engorged with blood."

Contributed by Asst. Surg. Edwin Bentley,
New Orleans, La.

No. 1370. C.3.S.2.D.9.

8820

Tubercular infiltration of the apices of both lungs

"Corporal Louis McEnheimer, co. "G", 16th. Infantry died April 23.1877 from gunshot wound of the head inflicted with suicidal intent. The ball, calibre 45, new Springfield rifle entered the frontal bone just above the inner angle of the left eye; exit near the torcular Herophili; splitting the cranium in the most shocking manner; and allowing the brain to exude in handfuls with the slightest movement of the head. He sought an opportunity when alone in the quarters while the men were at breakfast. He grasped the barrel of the rifle with both hands and bringing the forehead near the muzzle touched the trigger with the toe the foot being bare. His face was directed towards the corner of the room when he was found soon after the report in an erect position still firmly grasping the barrel and his foot on the lock. Corporal McEnheimer had long been a victim of melancholia but able to do duty, complaining only of indigestion and dissatisfaction in regard to diet. He had been told that he had a tumor in his abdomen. His system was well-nourished and no disease was found except consolidation of the upper lobes of both lungs. He had no thoracic symptoms and never complained of his chest at

any time. The exciting cause of the fatal act is believed to have arisen from finding his chest robbed of money and valuables."

Contributed by Asst. Surgeon E. Bentley,
New Orleans, La.

See Micros. Section, nos. 8157 & 8160.

No. 1371. C.4.S.3.E.69

8821

Two portions of ileum. The lower piece taken at the ileo-coecal valve shows an ulcer one inch long and ½ inch broad with slightly thickened edges; its base exposes the muscular coat. The upper piece was cut out about six inches higher up and shows a small oval ulcer ¼ inch in diameter evidently seated in a Peyer's patch, which however is not materially thickened. About four feet of the ileum were received at the Museum. All the other Peyer's patches appeared to be normal. There was trifling enlargement of the solitary follicles; and about two feet above the smaller ulcer described above was a similar one about the size of a pinhead.

"Private Alfred Johnson, co. "H", 3rd. Infantry, was taken sick at New Orleans Hotel, city of New Orleans, March 20.1877; was sent to hospital March 29 with diagnosis undetermined; remittent, typhoid and typho-malarial fever being suggested. The case at the end of March was still in doubt; but he had high fever and it remitted. As no other symptoms had then developed, the case was diagnosed remittent fever on the monthly report for March. During the first week in April, gurgling in the right iliac region developed and soon pulsation on the abdomen. Patient never complained of pain on percussion of any part of the abdomen. He was delirious a week or more before death. He died April 18th. In the early part of April the temp-

erature ranged from 98° to 101.4°. About a week before death it fell below normal to about 95° and so kept till he died. He is reported to have been married.

"Autopsy by Asst. Surgeon E. Bentley showed this an almost typical case of typho-malarial fever, as he had enlarged spleen and ulcerations in the intestines; weight of spleen 1½ pounds. Several ulcerations were found in the intestines, some nearly perforating the three coats. Pus was found in a gland of the mesentery near the small intestine. Omentum very red as also the muscles of the abdomen. Liver and kidneys almost normal. Heart-clot in right side; left side of heart empty. There were old adhesions (pleuritic) of left lung."

Surgeon C. R. Greenleaf, Medical Director's Office, New Orleans, April 19, 1877, writes: "The spleen in this case is very much enlarged and congested, in fact presenting the true 'ague cake'."

Contributed by Asst. Surgeon J. G. Coudrey,
Jackson Barracks, La.

No. 1372. C. 4. S. 2. 0. 8. 4822

Portion of ileum about eight feet above the ileo-cecal valve, in which intestinal obstruction was produced by external adhesions, the result of a former peritonitis, by which a knuckle of intestine was held sharply bent upon itself; a false passage exists between the upper and lower loops thus formed. Perforation of the intestine, with fatal result, took place a few inches above the obstruction. Whalebones are introduced into the false passage and perforation.

See Microscopical Section, Nos. 7930 & 7932 (kidney) and 7933 (liver).

From the same case as No. 1272, supra., a crust from the foot, after scarlet fever.

Walter Rankin, white, age 19, single, died May 11th. 1877. Was treated for Bright's disease by a quack,

whose prescription was: To take of fluid extract of kidney leaf 15 ounces, oyster shell 2 ounces, and nitrate of potassium 320 grains; a tablespoonful of the mixture to be taken three to six times daily.

(Asst. Surg. D. L. Lamb)

Autopsy 24 hours after death: the body was much emaciated; the rigor mortis was not marked; the abdomen was somewhat distended and its integument darkly discolored; its muscles were also dark colored and its tissues generally were oedematous.

The pericardium contained about an ounce of bloody serum; the heart was enlarged, weighing probably 14 to 16 ounces, the wall of the left ventricle being an inch in thickness; there was a white fibrin clot in the right side extending into the pulmonary artery and a similar one in the left side extending into the aorta and its branches; the valves appeared healthy.

Each pleural cavity contained a small quantity of bloody liquid; no adhesions; both lungs were congested posteriorly; in the posterior part of the left lung was a portion the size of a walnut in the condition of splenization; in the posterior part of the lower lobe of the right lung were several smaller nodules of the same character.

The abdomen contained about four pints of thick, brownish yellow, badly smelling liquid, in which there were abundant flakes of lymph and many small, shining, yellowish scales; the peritoneum generally was coated with dark grayish-yellow lymph; the peritoneal coat of the intestines presented greenish-blue spots and lines of variable size. About eight feet from the ileo-cecal valve there was an old adhesion of the greater omentum to the ileum, which had produced a diminution in the calibre and acute flexion of the intestine; a few inches above these flexions there was a perforation about a third of

an inch in diameter. On opening this portion of the intestinal tract, ulcerated patches were found; these ulcers varied much in size; some were small and rounded; the rest were large and traversed the intestine either crosswise or lengthwise; most of them had penetrated to the peritoneum and one had perforated; most of them presented ragged, irregular, shreddy edges and were covered with bright yellow angular scales, which were removed with difficulty by washing; between the ulcers the villi were hypertrophied, the solitary glands were slightly prominent and there were patches of redness. There were two perforations in the partitions between the flexed folds of the intestine, whereby the intestine had twice opened into itself. The diseased tract was about a foot and a half in length; above and below it, the small intestine did not appear diseased; the contents were like those in the abdominal cavity excepting the lymph.

The stomach was distended with gases, was not opened, but appeared healthy. The transverse colon was distended with gases; the remainder of the large intestine was for the most part contracted; in the sigmoid flexure there were a few small lumps of faeces containing bright scales like those already mentioned. The liver was slate colored externally, congested internally, and presented the nutmeg appearance; the gall-bladder was full of green bile. The spleen was lobulated and firm. The kidneys were small, weighing about three ounces each; the capsules were slightly adherent and the surface roughened; the tissues were firmer than natural; the pyramids were pale; the cortical substance was diminished in quantity and of a yellowish-white color. The bladder was normal.

Contributed by Dr. C. W. Johnston,
Washington, D. C.

Nos. 8823 1373. C.S.S.F.D.6. and 1374 C.S.S.H.I.1. 8824

Uterus nine days after delivery. From a case of puerperal pyaemia.

Right kidney containing metastatic foci. See Micros. Spec. 8147, 8148.

History by Dr. P. J. Murphy. Millie Humphrey, single, age 20, mulatto, native of Maryland, was admitted to Columbia Hospital June 6. 1877. At 12.40 o'clock she had a convulsion; there was no dilatation of the os uteri. One fourth of a grain of daturium was given, and a half drachm of chloral after the bowels were moved. At 4 P. M. she had another convulsion. The chloral was continued. The urine was scanty and albuminous. She had twelve convulsions. Chloroform was administered by inhalation. The os uteri was now dilating. She was delivered by forceps at 8. P. M. Bromide of potassium a half drachm and chloral hydrate one scruple were given every four hours. She had three more convulsions. Urine abundant. 7th., she felt better but was unconscious; bowels open; no albumen in the urine, but there were granular casts. 8th., treatment continued with extra diet; a half drachm of compound jalap powder was given. 9th., partially conscious with violent headache. Treatment continued. 10th., at 6.50 A. M. she was maniacal; could scarcely be controlled; still headache. Ice was applied to the head; other treatment continued. 11th, she was quiet; feet cold. Gave sulphate of quinia five grains and whiskey half an ounce every four hours. Later in the day she breathed heavily. Five grains of salicylic acid were added to each dose of the quinia. At midnight the delirium returned. Gave 10 drops of Magendie's solution of morphia; bromide half a drachm every four hours. 12th. the fever declined until midnight when it returned with some delirium and restlessness; she took nourishment; bowels were freely open. 14th., a half drachm of sulphate of quinia was given at 6 and another at 12 o'clock. She slept heavily and the extremities were

cold and tunnid. Ten grains of the quinia were given at 6 and again at 12 P.M. 15th., she was perspiring profusely and had been for twelve hours; was unconscious; refused food; became comatose. Died at 9 A.M.

Date.	Pulse.			Temperature.		
	Morning	Noon	Evening	Morning	Noon	Evening
June 6th.	105	104	97	100.5	100.	100.3
" 7th.	105	106	104	103.	99.7	100.3
" 8th.	113	113	116	100.6	100.1	101.4
" 9th.	115	118	115	101.1	101.4	100.6
" 10th.	117	113	125	101.5	101.5	102.1
" 11th.	126	126	133	100.7	102.2	104.7
" 12th.	123	95	120	104.	101.	103.7
" 13th.	138	130	120	104.6	102.	101.
" 14th.	123	124	140	101.3	102.	106.

Autopsy 3 hours after death (Actg. Apts. Surg. D. L. Lamb): No rigor mortis; marks of blistering on back of neck.

Sinuses of skull full of dark fluid blood which quickly coagulated on exposure to the air; membranes of brain hyperaemic and a few thin white lines of lymph along the course of the larger vessels; no increase of the cerebro-spinal fluid; brain firm; substance normal.

Lungs crepitant throughout, much congested posteriorly, otherwise normal; no pleural fluid, but a few old adhesions on the left side. Pericardium contained a small quantity of fluid; heart normal; large fibrin clots in both sides extending into great vessels and closely attached to the auriculo-ventricular valves.

Stomach and intestines normal. Liver pale. Spleen large (about 10 ounces in weight), dark red and very friable. Kidneys each 7½ ounces in weight; pelves congested and their mucous membrane succulent; pyramids normal; cortical substance congested and contained numerous soft yellowish white foci from the size

of a pinhead to that of a pea; on microscopic examination they were found to consist of pus.

Ileum 6 inches in length, 4 in greatest breadth and 1½ inch in greatest thickness; its peritoneal and muscular coats normal; it was lined by an irregular thickness of greenish, granular, bad smelling substance. Right ovary contained a number of minute aqueous cysts; left ovary congested; Fallopian tubes normal. Bladder contracted.

Contributed by Dr. P. J. Murphy,
Columbia hospital, Washington, D.C.

No. 1375. C.2.S.2.C.33. 8825

Heart showing a small aneurism of the aorta, just above the valves, about the size of a filbert, which has perforated into the pericardium. From a colored ~~woman~~; lung in third stage of pneumonia. See Transactions of the Medical Society of the District of Columbia,

Contributed by Dr. J. F. Hartigan,
Washington, D.C.

Nos. 1376. C.4.3.3.I.98. 8826 — Portions of intestine from a case of acute diphtheritic dysentery. No. 1376 is a portion of the ileum taken just above the ileo-coecal valve showing a Peyer's patch some pseudo-membrane adhering.

1377. C.4.3.3.I.99. 8827 — Portion of ileum, ileo-coecal valve, caecum and portion of ascending colon, showing minute follicular ulcers.

1378. C.4.3.3.I.100. 8828 — Portion of descending colon plastered with pseudo-membrane.

History by Dr. Johnston: "Robert G. Thrift, age 41, white, single, lawyer, of sedentary habits, died

June 17. 1874. Three months before death he began to complain of spasmodic pain in the muscles of the back, lumbar region, most marked on the right side; not confined to bed. Previous to this he had good health. April 15th., he came to Washington. Spasmodic muscular pains came on with great violence, temporarily relieved by hypodermic injections of morphia. Great pain was excited by movement; there was slight fever; constipation; he was anaemic; there was some right lateral lumbar curvature with prominence of vertebrae noticed by the patient for the first time. May 1st, the symptoms continued about the same; the spasmodic pains were sometimes less severe than others; digestion was good; constipation continued; no tenderness on pressure. During May there was progressive debility and anaemia; enlargement of the right side and numbness of the right side of the abdomen and back; constipation still continued; temperature 102°. June 2nd. pain in the back, sides, around the waist and in the back of the neck; delirium at night; dyspnoea. June 7th., after some difficulty there was a discharge of urine from the bladder, filled with blood and mucous shreds; afterwards a large quantity of thick yellow urine. June 8th., urine moderately clear. June 9th., diarrhoea; pulse 120; patient feeble; no pain in the back after diarrhoea began. The swelling in the right lumbar region subsided; urine clear. He continued to grow feeble; diarrhoea continued; delirium set in.

Autopsy 36 hours after death (Acting Assistant Surgeon D. L. Lamb): Rigor mortis well marked (body on ice); curvature as above described; some prominence of right posterior lumbar region; spinous process of one lumbar vertebra bared at the apex (bedsore); no emaciation. Abundance of fat

under the abdominal integument, upon the heart, around the kidneys, in the epiploon and along the intestinal tract. Tissues everywhere almost bloodless.

Head not examined. Muscles and other soft tissues of lumbar region oedematous; lumbar vertebrae brittle; three inches of the cauda equinae (from the 2nd. and 3rd. lumbar vertebrae), were examined and appeared healthy; no adhesions nor congestion.

Ribs and sternum very brittle. Right lung slightly adherent at apex; substance pale, normal. Left lung firmly adherent everywhere by old adhesions; substance oedematous. Pericardium contained about a tablespoonful of clear, straw colored liquid. Heart flabby; contained broad, thin, pale, fibrin clots in both sides; slight thickening at base of aortic segments and mitral valve; walls very pale.

Several ounces of yellowish serum in pelvis. Liver short and thick, pale, fatty; gall bladder contained greenish bile. Spleen slate colored externally, reddish brown internally, bloodless. Pancreas normal. Stomach and duodenum normal. The last two feet of the small intestine were examined; they presented pigment deposit (shaven beard) in Peyer's patches and solitary glands; and there were patches of intense redness scattered over the mucous membrane, some of which were covered with a granular deposit; the intestine contained a yellowish semiliquid substance; several small portions of the ileum further up were examined but appeared healthy. The caecum and portions of the transverse and descending colon were examined; they contained a substance similar to that in the small intestine and presented similar

patches of redness covered with granular deposit; this was most noticiable in the descending colon along the longitudinal rugae; this portion of the intestine was also contracted.

Kidneys large; right weighed 6½ ounces, left 6 ounces; they were quite pale; the pelvis of the left kidney was congested and contained a dirty, thin, granular, semiliquid deposit (? pus). Bladder contained about 2 ounces of yellowish urine with abundant small white flakes of mucus.

Contributed by A. W. W. Johnson,
Washington, D. C.

Nos. Horse-shoe kidney; weight 16 ounces.

1379. C.S.S.I.A.17
1380. C.4.S.2.B.10.
8829
4834

See painting of the same, by Lt. R. H. Fletcher. Oesophagus and stomach presenting extensive sloughing of mucous membrane the result of the action of caustic ammonia swallowed with suicidal intent.

History and autopsy by Dr. Fitzgerald.

Captain Henry M. Smith, 21st. Infantry, died at Fort Lapwai, Idaho Ty., April 23rd. 1877. On the 18th., while in a state of great mental depression, following upon a period of indulgence in drink, during which his behavior had been such as to warrant the instituting of formal charges against him, the unfortunate man made an attempt at suicide by drinking freely from a quart bottle containing the concentrated solution of ammonia. It was impossible to ascertain the exact quantity taken; my estimate of it was 2½ to 3 ounces, but it may have been more. I saw him at his own request within 30 minutes after taking the fiery draught; he was suffering terribly from an

acrid taste and acute burning pains, referred principally to throat and stomach; deglutition was painful and there was much hawking up of frothy mucus and florid blood. The mucous membrane of the lips, mouth, tongue and pharynx, wherever visible, was quite denuded of its epithelial covering, highly injected, red and bleeding. Some vinegar and water was given immediately and very soon followed by copious draughts of solution of citric acid. These being speedily returned by a ready tendency to vomit, were repeated again and again, the vomiting being encouraged by draughts of warm water until the vapor of ammonia, at first unbearably pungent, was no longer perceived in the returned fluids, and these, I should remark, were invariably mixed with blood. Two ounces of oleum ricini [castor oil] were also given at an early stage but this was likewise speedily returned. Although within the first hour I had reason to believe that the evacuation of the stomach was complete, I nevertheless continued the methodical administration of new milk as a corrective, but none of it was retained for more than a few minutes, as the irritability of the stomach, manifested by the persistent nausea, retching and pain, increased steadily from the outset. The ejected matters became successively more bloody, until on the 2nd. and 3rd. day the quantities so passed represented very considerable hemorrhages. The sulphate of morphia was given hypodermically on the 1st. and 2nd. days to relieve pain and procure rest; but its use was subsequently limited to an occasional dose only, as the hydrate of chloral, given by the rectum in 40 to 50 grain doses at night,

proved to be the better remedy. Sinapisms were early resorted to for revulsive effect, and later it was deemed advisable to use the cantharides plaster. Beef spence, milk and beaten cream were given frequently, to be retained however, but for a few minutes. Ice and water were also allowed according to his desire which was prompted by an inordinate thirst. The first mentioned articles, namely, milk, beef essence, etc., both singly and combined with small portions of brandy (one to four drachms), were also given by the rectum, but without obviously beneficial results. On the 5th. day the vomited matters no longer contained blood but consisted of greenish yellow fluids having an offensive odor and an alkaline reaction with test paper. His bowels were confined throughout his illness and responded only to stimulating enemas; the fecal discharges procured in this manner, consisting of a brownish-black fluid matter, evidently of hemorrhagic origin.

On the afternoon of the 5th. day an approaching fatal termination was manifest. His pulse rate which had previously been regular and 80 to 90 per minute, became markedly intermittent and was accompanied by hiccough; there was moreover considerable meteorism, principally about the epigastric region. The first named symptoms however disappeared at nightfall on the administration of chloral in the manner previously mentioned. On the 6th. and last day of his illness the pulse rate rose to 120 per minute accompanying an exacerbation of all the above named symptoms, and yet the thermometer in the axilla gave no indication of increased temperature. His mind remained clear until the end, which occurred at 7^{5} P.M. on the 23rd.

Notwithstanding the fact that the case

was one of suicide from the effects of corrosive poisoning, it has seemed best to me, in view of the symptoms and the lingering character of his illness, to record it as one of inflammation of the stomach. In conclusion I would respectfully call your attention to the enclosed memorandum of my examination of the body of deceased, and especially to that part descriptive of the strangely anomalous kidney discovered on that occasion.

Post-mortem examination 16 hours after death: Cadaveric rigidity well marked and surface blanched as if from death by hemorrhage. Extremities somewhat shrunken, although the body generally was rounded by deposits of fat, and well preserved.

Preliminary incision was made through layer of adipose tissue 1/8 of an inch in thickness. The lungs were sound but presented posteriorly the usual amount of hypostatic congestion. On the left side over the fundus of stomach there was slight adhesion between diaphragmatic and visceral pleurae due to recent inflammation. The heart was small, firm and sound in all its mechanism, with normal amount of serous fluid in pericardial sac. The oesophagus within the thorax was discolored and thickened.

The only lesions discoverable in the abdomen were confined to the stomach and sixteen inches of the small intestine attached. The former was distended with gases, and with the portion of the small intestine mentioned, was of a dark bluish color throughout, being also unnaturally thick and softened and bound down by inflammatory adhesions. The mucous lining was extensively eroded and generally divested of its epithelial lining. Near the head of the pancre-

as there were two thinned spots, each about one square inch in extent, produced by sloughing of the mucous membrane. The oesophagus was found in like condition throughout but the remainder of the intestinal canal presented no pathological changes. The liver and spleen were of normal size and appearance. On lifting up the mass of intestines preparatory to an examination of the kidneys, a tumor like mass was observed lying upon or connected with the lumbar vertebrae; but on incising its peritoneal coverings, a smooth, glandular body was laid bare, which proved to be a shangily anomalous kidney. It was a great V shaped organ with two sources of origin on each side for the respective ureters. The base of the organ overlaid the bifurcation of the aorta, the ureters being in consequence very short. There were no supra-renal bodies attached, and if they existed at all, quite escaped my observation.

A small calculus will be found in the left upper hilus [?], which is somewhat larger than the remaining three, and where the expansion of the ureter forms a little bladder.

The weight and measurements of this very singular kidney are as follows: Total weight, including a little fat, 16 ounces. Length from extremity of either lobe to centre of base, 5½ inches; length of base at lower margin, 3 inches. Vertical diameter of base, 2¾ inches; diameter of lobes at base, 2¾ inches; diameter of lobes above upper hilus, 2⅜ inches.

Contributed by Asst. Surgeon J. A. Fitzgerald,
Fort Laperai, Idaho Ty.

Nos. 1382. C.4.S.3.I.102. 8832 — Lesions of typhoid fever. From a case in which the disease was not recognized until after death which was supposed to be from an overdose of quinine. No. 1382 is a portion of ileum taken a short distance above the ileo-coecal valve, showing enlargement of Peyer's patches and the solitary follicles.

1383. C.4.S.3.I.103. 8833 — Ileo-coecal valve with portions of ileum and caecum attached, showing besides characteristic enlargement of the closed glands of the ileum, an enlargement of the solitary follicles of the caecum with a minute ulcer at the apex of each.

and 1381. C.4.S.3.I.101. 8831 — Portion of jejunum with enlarged Peyer's patches and solitary follicles. Am. Micros. Journ. 1903.

Joseph P. Wall, white, age 3, had had slight diarrhoea for about a week. July 11. 1879, at noon, he swallowed eighteen three-grain sugar coated pills of sulphate of quinia; shortly afterwards he took a lunch of rice and milk. About 12½ O'Clock he complained of pain at the epigastrium. An emetic of mustard, salt and water was given and he vomited food and one pill. A dose of ipecacuanha was also given him. Died at 10 O'clock, 10 minutes, apparently of syncope. Was not seen by any physician till after death.

Autopsy 23 hours after death (Acting Assistant Surgeon D. L. Lamb): Present Dos. W. W. Johnston, Riley and Lovejoy. Skin of a citron tint; body well nourished.

Head and spinal cord not examined.

Heart uncontracted; right cavities empty; left contained a little fluid blood. Lungs congested posteriorly. Thymus gland normal. Spleen exhibited the Malphigian corpuscles in a marked manner. Liver normal. Pancreas normal. Stomach congested and presented a number

of red ecchymoses; it contained some undigested rice, one pill which was white and partly softened, and some thick, whitish liquid. Duodenum much congested; Brunner's glands conspicuous and white; villi hypertrophied; it contained flakes of milk coagula, a few grains of rice and one pill. Jejunum much congested at the upper part; all the solitary and Peyer's glands prominent and villi hypertrophied; it contained coagulated milk and one pill; arborescent congestion was noticed under the peritoneal surface of the Peyer's patches. Ileum presented similar arborescent congestion; villi hypertrophied and solitary and Peyer's glands progressively enlarged; it contained some dark granular matter. Caecum and ascending and transverse colon congested; solitary glands prominent; contents greenish and soft; some fruit skins, apparently of the tomato were found in the caecum. Kidneys normal. There was a slight extravasation of blood in the gastro-colic mentum.

Contributed by Dr. W. W. Johnston,
Washington, D.C.

See Microscopical Section, Nos. 7450 & 7457 and 7480 & 8106, also 8903

Nos. 8834 1384 C.4.S.3.T.137 and 1385 C.4.S.3.T.138. 8835 Diphtheritic Dysentery.

Caecum and portion of ascending colon showing extensive sloughing patches.

Transverse colon with large sloughing patches between which the mucous membrane is comparatively healthy.

The descending colon, as far as received at the Museum was in a similar condition to the transverse, but the sloughing patches were narrower and further apart; all the sloughs showed a tendency to an arrangement. The

stenosis mentioned in the history could not be recognized in the specimen.

Sergeant Isaac Baker, co. "E", 24th. Infantry, was admitted to this Post hospital on May 17, 1877 and died June 4th. Diagnosis on admission - acute dysentery. With the exception of very great meteorism and much consequent dyspnoea there was nothing unusual in the progress of the case.

A post mortem examination held by Acting Assistant Surgeon A. L. Buffington and myself on the evening of the 4th. of June, however, revealed a stenosis of the descending colon and very general peritonitis.

Contributed by Asst. Surg. R. H. White,
Ringgold Barracks, Texas.

Nos. 1386 C.4.S.3.M.48. 8836 Tubercles of both lungs; no recognizable lesion of large intestine except at ileo-coccal valve, which was destroyed by a transverse ulcer; there were transverse ulcers of the small intestine. No. 1386 consists of two knuckles of the ileum, three ~~feet~~ above the ileo-coccal valve, showing three tubercular girdle sores; the lower two are interadherent by their peritoneal surfaces.

and 1387 C.4.S.3.M.49. 8837 Lower part of ileum with ileo-coccal valve and part of caecum. The valve is destroyed by a large transversely situated tubercular ulcer. There is also a tubercular ulcer about one inch in diameter, just above the valve.

From Sergeant Charles Gordon, "G", 1st. Artillery, who died July 21. 1877 of chronic diarrhoea. The case was registered as one of acute diarrhoea, February 6th. 1877.

Contributed by Surgeon Joseph R. Smith,
Fort Monroe, Va.

Nos. 1388. C.4.S.3.N1.50. Portion of jejunum with numerous transversely situated tuberculous ulcers, and scattered tubercles on the peritoneal surface; mesenteric glands greatly enlarged.

8838 and 1389. C.4.S.3.N1.51. Portion of ileum showing similar lesions.

History and autopsy by Dr. Maguden:

8839 "J.H.R., mulatto, age 12, came to Central Dispensary May 21st. of this year [1877] to be treated for a slight cough, which had been troubling him for a few days. Owing to the large attendance I was not able to examine him at that call but prescribed for him and directed him to return again in three days. This however he did not do until about July 24th. At this date he had no cough and had not had any since a few days after his last visit at the Dispensary; but there was marked ascites as well as great oedema of both legs. He had been going regularly to school until within a few days. He seemed languid and made no other complaint save that it was inconvenient to get about on account of the extra weight which he had to carry. Upon each of several trials, urine was found to be normal. The cough disappeared entirely a few days after the visit. On May 21st. [?July] he measured 25 inches around the umbilicus. He had no pain in any portion of his body. About August 5th, I visited at his home in the extreme eastern part of the city. I found him walking around the room but with some difficulty; his legs and scrotum much distended; the abdomen had also increased considerably. His pulse was 140. Respiration good over left lung and lower portion of right. August 20th, he had improved a little. This improvement was only transitory. The effusion grew rapidly worse, extending to the face. A short while before his death he complained of slight pains in the abdomen and had diarrhoea; previous to this he had had

neither of these troubles. He was delicate and puny from the age of two years until past three. From that date until the present he had enjoyed good health. His mother stated there was no history of tuberculosis in either his or husbands family. She had had eight children. She did not remember the causes of the deaths of four of them. One died last year aged four. It was in bad health from its birth, always had a cough and just before death also had dropsy. The two remaining children are about 18 and 20 years old and have pulmonary consumption.

Post mortem, September 24.1877, 33 hours after death: Rigor mortis very slight; oedema of legs, abdomen and face; a few vesicles filled with serum over epigastrium; little fat over abdomen. A few small tubercles over peritoneum (free side); adhesions over spleen and liver; 68 ounces of serum in peritoneal cavity. Gall-bladder distended with bile. Urinary bladder full of urine. Few small tubercles in spleen and liver. Greater omentum almost entirely devoid of fat. Entire mesentery studded with large and firm tubercular masses. Ulcers in large and small intestines; some were transverse, others circular. In the small intestine they were at short intervals; and in places, with the deposit, formed rings or bands around the intestines. Kidneys normal.

Two ounces of serum in pericardium; no tubercles visible. Slight adhesions of right pleura over lower and middle lobes, inseparable over upper lobe; abscess in upper lobe of right lung; this was so firmly bound to the ribs that it was ruptured in the attempt to remove it. Melanotic deposit and a few miliary tubercles. Slight adhesions over left lower over both lungs. #

lobe.

Contributed by Dr. G. L. Magruder,
Washington, D.C.

No. 1390. C.4.5.5.I.32. 25 gall-stones, weighing 187 grains.
From Mrs. H.A.R. Monson, who died September 28. 1877
of cancer of the uterus.
8840 Contributed by Dr. W. W. Johnston,
Washington, D.C.
See Microscopical Section, No. 7865.

No. 1391. C.4.5.2.C.26. 8841 Cancer of stomach. The peculiarity in this case is that the carcinomatous mass is seated chiefly in the lesser curvature and that the organ is exceedingly shrunken, its capacity being reduced to about an ounce. The external surface has contracted adhesions to the spleen and transverse colon. A plug of wood is passed through the oesophageal orifice. See Microscopical Section, nos. 8056 to 8080.

Fitzhugh Boyle, age 59 years, white, had been ill about nine months before his death, September 30. 1877. He first complained of indigestion; in about a month he had severe gastrodynia, coming on in paroxysms. During the progress of the case he had vomiting occasionally, though not of anything peculiar to cancer; also had pain at the epigastrium, radiating to the chest; was constipated. His food was liquid, consisting chiefly of milk For several months before death he was fed by enemata. Drs. Forsyth Meigs of Philadelphia and Lincoln and Hall of this city consulted upon the case with Dr. Tyler.
(by Acting Hospt. Steward D. F. Lamb)

Autopsy 20 hours after death: body of a citron tint, much emaciated.

Head and spinal cavity not examined.
Heart normal; fibrin clots in both sides. Lungs somewhat adherent; upper lobes oedematous, lower lobes in the stage of red hepatization. A small quantity of reddish liquid and curdy lymph in each pleural cavity.
Liver somewhat granular. Spleen small. Pancreas normal. Caecum and part of transverse colon distended with flatus; remainder of large intestine contracted and filled with scybala. Stomach much contracted and walls thickened and indurated by a cancerous growth; length of stomach 4½ inches; vertical diameter 1¾ inches; adhesions have formed with the diaphragm, transverse colon and spleen. Kidneys large; cortical substance pale; Bladder contracted.

Contributed by Dr. Grafton Tyler,
Georgetown, D.C.

No. 1392. C.5.5.1.B.15. Cirrhosis of the kidneys; Bright's disease; the right kidney is hung uppermost.
History by Dr. Finford.
Private John G. Kelley, co. "H", 3rd. Infantry,
8842 age 24, German, was admitted to hospital at this Post from Huntsville, Ala. (Surgeon Greenleaf) September 16. 1877, with Bright's disease of the kidneys. Previous history incomplete; but he had suffered with one or more attacks of delirium accompanied with oedematous swelling about the face. Became delirious shortly after admission. Was very weak, emaciated and of sallow complexion. Was exceedingly restless and irritable, complaining of a constant pain in the head referred chiefly to the right temporal region. Urine normal in

quantity but very pale and highly albuminous (1/3); no specific gravity taken as there is no urinometer at the Post. September 18th., had a convulsion and three more on the 19th. followed by coma, from which he could not at first be aroused, but which, afterwards, on the 21st. became profound with stertorous breathing. The bowels were not moved after this and the urine was nearly suppressed. The pupils were normal but insensible to light. During the 22nd. and 23rd. there was extreme restlessness, great dyspnoea, moaning, hot dry skin and nearly complete suppression of urine, but no paralysis and no more convulsions. Death from asphyxia at 10.30 A.M. September 23rd.

Autopsy 5 hours after death by Doctors Gardner and Buchanan, U.S.A.: Rigor mortis well marked.

Brain normal.

Lungs both highly oedematous and dark colored; no collapse on opening the thorax; copious frothy watery effusion on incision into lung substance. Heart covered with fat, somewhat flabby, otherwise normal; valves normal; blood fluid, no coagula.

Liver normal, weight 4 pounds; kidneys granular, contracted; cortical portion barely perceptible; weight of right 2½ ounces, of left 3¼ ounces; several cysts, possibly hydatids, on the surface of right kidney; a small abscess on the left.

Contributed by Surgeon W.H. Forwood
Allegheny Arsenal, Pittsburgh, Pa.

No. 4443
1393.
C.2.5.2.C.34

Large aneurism of the arch of the aorta; the apex of the tumor (which protruded through the thoracic parietes, a portion of the 2nd. and 3rd. ribs and sternum being absorbed) was removed in making the autopsy.

History and autopsy by Surgeon Huntington:

"James Wood, age 32, late a musician of 2nd. U.S. Artillery band, was admitted to the hospital of this Institution October 12, 1875, suffering from aneurism of the ascending aorta. He had recently been discharged the military service for disability resulting from the same. On admission a pulsation was plainly seen between the intercostal cartilages of the 2nd. and 3rd. ribs of the right side and by palpation, the tremor and thrill of an aneurismal tumor was distinctly felt over the same region. By auscultation the bruit de souffle was heard, and over the region of the heart a presystolic murmur continued into and through the systole of the heart; there was an entire absence of the second heart sound. The impulse of the heart was violent and the apex beat was about one inch to the left of a vertical line drawn through the left nipple. The general health of the patient was bad; countenance pallid and wearing an anxious expression; more or less dyspnoea but little complaint of actual pain. Pulsation in both carotids and at both wrists was equal and regular. A syphilitic history was given dating back about four years to its commencement. The first noticeable symptoms of the aneurism had occurred in the May previous and attention was first drawn to the affection by a difficulty in performing upon a wind instrument.

Perfect quiet, a simple and nourishing diet with a tonic, were prescribed. A few days after he was placed on a more general treatment as regards medication, namely: 25 minims of the

tincture of the muriate of iron three times daily; 25 grains of iodide of potassium daily and bromide of potassium at night to secure a quiet night. Under this treatment he improved very much, gaining flesh and color, with no perceptible increase in the size of the tumor which remained painless and gave but little trouble. With his improved condition the constraint of perfect rest became irksome, and contrary to advice he attended to business connected with his pension, taking long walks and subjecting himself to some excitement; as a consequence, bad symptoms were at once ushered in, among the worst of which were great dyspnoea on the slightest exertion, vertigo, a total failure of appetite and a return of the haggard worn appearance. The tumor rapidly increased and the action of the heart became tumultuous; the pulsation and the bruit were distinctly perceptible three feet from the body.

As his dyspnoea prevented any rest, I procured for him one of French's respiratory braces, which was a source of great comfort to him by enabling him to get several consecutive hours of sleep at a time. By care he again improved but never was able to make much exertion. In July the tumor was very prominent and the area much extended. He now began to complain of strange choking feelings, a hacking cough and an inability to swallow solid food. This condition very gradually became more serious until in October it was difficult to draw breath and but little palliation of symptoms was produced by any remedial agency. He gradually became weaker and weaker and died October 6th. from effusion into the lungs, probably by the encroachment of the tumor on the pneumogastric nerve or its branches. The aneurism did not rupture.

An autopsy was made 15 hours after death.

The integument of the chest was carefully removed and immediately beneath was found the dome of the aneurismal tumor which protruded through the absorbed portions of the 2nd. and 3rd. ribs and a portion of the sternum. On a removal of the ribs of the right side and the sternum, the full size of the tumor was visible, engaging the aorta from its point of departure from the heart to a point well into the arch, with an anterior projection. It was very friable and atheromatous and could scarcely be moved without breaking; its adhesions to the pleura and the pericardium were very close and strong; the under surface of the entire sternum was fissured and brittle. The right lung was intensely congested and the upper lobe driven wedge upward and backward; the left lung was congested to a less degree. The pericardium contained about 12 fluid ounces of serum. To avoid injuring the specimen it was removed as carefully as possible."

For chart of physical signs, see original ms.

Contributed by Surgeon D. L. Huntington,
Soldiers' Home, Washington, D.C.

No. 1394. C.2.S.3.B.10. 8844 Portion of intestine with three suppurating meenteric glands.

"Private Harry Lyons, co. A", 25th. Infantry, died August 15. 1877. Remittent fever. Private Lyons was admitted into hospital May 22. 1877 with remittent fever. He complained of pain under the 8th. and 9th. ribs of left side and stated that he had been suffering with this pain for nearly a year before admission. All external applications failed to relieve it. On the 1st of June 1877, a circumscribed tumor, about two inches

in diameter made its appearance between the 8th. and 9th. ribs, left side, about one half inch left of costal cartilages. This tumor increased daily in size until it became about the size of a small orange. About two weeks after its first appearance, fluctuation became apparent and over two ounces of pus was taken away by the aspirator; this was continued for about a week when the tumor broke and discharged pus up to the time of death.

Post mortem about six hours after death: Rigor mortis incomplete. In opening the abdomen, the peritoneum, pancreas, part of the large intestines, and several of the mesenteric glands were found firmly bound together. Some of the mesenteric glands were found enlarged and suppurating. The spleen slightly enlarged; other organs healthy."

Contributed by Apt. Surg. P. Middleton,
Fort Clark, Texas.

No. 1395. C.4, S.3. H.15. 8845

Portion of ileum taken two feet above the ileo-coecal valve, showing a Peyer's patch in which there are several cicatrizing ulcers, and higher up a granulating ulcer nearly an inch in diameter.

The specimen as received at the Museum consisted of the caecum and four or five feet of the ileum. The caecum presented a number of follicular ulcers, some of which had extended to erosions an inch or more in diameter. The ileum presented a number of granulating ulcers, most of which corresponded in Position to Peyer's patches.

From Private John Doyle, co. "G", 8th. Cavalry, who died October 14, 1877 of typhoid fever. Autopsy same day and the classical lesions of the disease found.

Contributed by Apt. Surgeon R. H. White,
Ringgold Barracks, Texas.

No. 1396. C.4. S.3. H. 23. 8846

Portion of ileum taken just above the ileo-coecal valve showing two typhoid ulcers with perforation; the peritoneal surface of the piece is thickly covered with lymph.

About 18 inches more of the ileum were received at the Museum and showed hypertrophied villi and enlarged solitary follicles, but no other ulcerations nor any Peyer's patches visibly thickened.

"August 22. 1877, Private Fawdon Vokes, co. "K", 8th. Cavalry, died at the Post hospital at 6.30 P.M. of typhoid fever.* An autopsy was held by Apt. Surgeon R. H. White, U. S. A., on August 23rd., which revealed the special lesion of typhoid fever. The immediate cause of death was perforation of the intestines."

Contributed by Apt. Surg. R. H. White,
Ringgold Barracks, Texas.

* He was admitted to hospital August 11th. There was nothing of unusual intent in the progress of the case.

No. 1397. C. S. S.1. H.2. 8849

Uric acid calculus removed from the left kidney of a horse, 10 years old which died of poisoning with strychnia. The body of the calculus was situated in the pendant portion of the cortical substance, covered by a thin greatly thickened capsule; the larger spicule

of the stone extended into one of the calyces. Mucous membrane of the pelvis, ureter and bladder healthy.

Contributed by Actg. Hps. Surg. P.M. Bertolet
Fort Bayard, N.M.

No. 1398. C.S.S.S.B.3.

Urinary bladder, inverted, its mucous surface studded with minute ulcers about the size of pin points. From a case of cystitis following stricture.

88148

"Buddington Atchison, a citizen, age 34, native of St. Louis, Mo.; been in the Territory nearly a year for his health. Saw him last fall; then complaining of obscure pains about the bladder and urethra. Gave a decided history of stricture, having had frequent gonorrhoeas; was treated for gleet and the steel bougie used on three occasions. Urethral fever after the first sitting, having ridden 18 miles, after its use, on a chilly morning. On May 5th. 1897 in presence of Acting Assistant Surgeon Bertolet, U.S.A., I introduced a no. 10 American steel round into patient's bladder in search of stone at his request, he believing the stone to exist. No violence was done, the patient scarcely complaining. Quinia five grains was given some time before. No blood escaped. He was directed to remain quiet in bed for an hour or two. After getting up, some three hours afterwards, was seized with a severe chill lasting some hour or more; this followed by pyuria. More quinine and morphia was now given, with chloral for bedtime. Saw patient next morning, thought him better, without fever, very nervous and depressed, and ordered for him ten grains of bromide of potassium every four hours. Having a call over at Silver City that morning, I left him, doing, I thought, well, asking Dr. B.

to see him about noon. Was seen at that time by Dr. B., and was called again to see him about 2 P.M.; found him very much depressed and ordered whiskey and quinine for him. Reached home about 5 P.M. and was at once called to see him, finding him very prostrate, almost pulseless and complained of being paralyzed; at once gave him whiskey, ammonia and quinine. He died about an hour later.

"Autopsy made 18 hours after death by Dr. Bertolet. Rigor mortis well marked; body well nourished; muscular system well developed. Ecchymotic blushes over pendant portions of body. Organs of thorax. Pericardial sac opened in situ; found an ounce of clear fluid; pericardium smooth. Heart well constructed; right ventricle filled with a whitish chicken-fat clot extending into pulmonary artery and branches; right auricle moderately contracted, containing a small quantity of semi-coagulated black blood. Left ventricle; walls greatly hypertrophied; muscular substance slightly anaemic in appearance, friable; cavity filled with a firm whitish fibrinous clot extending into aorta and auricular cavity, firmly attached to mitral valve. Valves of both sides smooth and healthy. Lungs inflated and crepitant under fingers with exception of the pendant and posterior portions which were found hypostatically congested; apices of both containing roughened shrivelled cicatrices, which upon incision disclosed numerous caseous foci from the size of a pea to that of a filbert, surrounded by a dense fibrous tissue extending far into the parenchyma. These cheesy foci were well encapsulated and seen in the various stages of degeneration and softening, mostly filled with a crumbling and cheesy material. In the immediate vicinity of these masses were found more or less

closely disseminated minute granular semi-transparent miliary tubercles exclusively confined to the apices. Pleural cavities each contained a small amount of fluid. Slight fresh adhesions over apex of left lung.

"Abdominal viscera. Liver, stomach, intestines and peritoneal covering presented no abnormal appearances. Spleen slightly enlarged, very friable; capsule smooth. Kidneys: Left diminished in size one third, surrounded by a moderate layer of adipose tissue; capsule firmly adherent and velvety appearance when separated; cortical substance rough and granular containing a few small cysts of a clear fluid and upon a section longitudinally was found a few lines in thickness; the hilus lined with a large amount of fatty tissue, its mucous membrane as well as that of the ureter pale but otherwise smooth and healthy. Right kidney smaller than opposite; scarcely half its normal size, presenting same appearance as its fellow, only more cysts and fibrous tissue more extensively developed, giving greater elasticity to the organ. Bladder contained about six ounces of urine; mucous membrane pale and intact, with numerous small, transparent, miliary bodies disseminated over the entire surface, many of these bodies surrounded by a halo of blackish pigment; no ulceration present or apparent. Prostate gland normal size and free from these tubercles. Urethra not examined. No infiltration or extravasation of pelvic cavity or perineal region."

Contributed by Hpt. Surg. Robert E. Smith,
Ft. Bayard, N.M.

No. 4549
1399
C.4.5.5:B9

Enlarged liver, weighing 49 ounces.

"Private Joseph Guilfoyle, co. "B", 18th. Infantry; age

37, Irish, was admitted to hospital December 9th. 1874, with inflammation of lungs. He had been over 20 years in the Army, was a steady drinker and took an occasional hard spree. Had constitutional syphilis at Columbia, S.C., in 1874, and typhoid fever at Indianapolis Arsenal in September 1874. He was tall, with well developed chest and powerful frame. On admission he complained of slight pain over the right hypochondriac region but no where else and this was the only pain he complained of during his illness. On physical examination crepitant and submucous râles were found over the outer and middle portion of the right lung, mucous râles over the anterior and middle portion of the left, with almost complete absence of the respiratory murmur over the lower and posterior portion of both sides. Copious expectoration of frothy chocolate colored mucus tinged with red blood. Temperature 103.2°; pulse 106; respiration 26. Tongue coated dry and brown; bowels confined. Has been drinking very freely since the recent payment. Ten (10) grains of blue pill were given at once followed in five hours by black draught; after bowels were moved, to take five grains of sulphate of quinia and dovers powder each with fifteen drops of tincture of digitalis every six (6) hours. Generous diet.

"December 10th., A.M., temperature 99.8°; pulse 107; respiration 30; slept a good deal and suffered no pain; digitalis continued and increased to 20 drops; an ounce of wine bitters before each meal. Evening: temperature 102.6; pulse 108; respiration 27. Expectoration very free and somewhat redder; effusion into the pleural cavity greater on left side.

"December 11th., A.M., temperature 100.2°; pulse 103; respiration 26. No change from yesterday except that the oedema of lungs and effusion

into pleural cavity is increased. Rested well and eats well; suffers no pain. P.M., temperature 103.4°; pulse 94; respiration 26.

"December 12th, A.M., temperature 102.4°; pulse 106; respiration 28; rested badly; breathing labored; slight delirium and some stupor. Five grains of carbonate of ammonia every six hours were added to the treatment. Mucous râles over the whole upper and anterior portion of chest with absence of respiratory murmur at lower and posterior portion. Expectoration free and bloody. P.M., temperature 103.8°; pulse 112; respiration 40 and labored. Restless and weak; no desire for food; spent a very bad night; delirious, tossing about and groaning aloud. Died at 4 A.M. December 13.

"Post mortem by Assistant Surgeon F. W. Elbrey, U.S.A., 7 hours after death. The entire left lung in a state of hepatization, the upper lobe having been the point of departure of the inflammatory action; the left pleural cavity filled with serum, bands of lymph extending between the two surfaces. The right lung oedematous but otherwise quite normal. The left ventricle of heart hypertrophied, due to insufficiency of the mitral valve; the mitral valve calcified. The right ventricle and the aorta filled with dense, adherent and pale coagula, having all the appearance of ante-mortem coagula. The heart weighed 14 ounces, the liver 4½[?] lbs., hobnailed, in the first stage of cirrhosis to which is due the peritoneal dropsy which existed. Kidneys hyperaemic, weight of right 9 ounces, left 10 ounces. Spleen 17 ounces. Amount of fluid in peritoneal cavity 16 ounces, in pleural cavity 32 ounces."

Contributed by Surgeon W. H. Forwood.

McPherson Barracks, Atlanta, Ga.

No. 1400. C.3.S.2.D.10. 8850

~~Posterior~~ portion of left lung affected by the so called ~~nailor's consumption~~.

From a man about 46 years of age who had "followed the business of nail-cutting more than 20 years. He was only closely housed since last Thanksgiving day, and died yesterday evening [January 9. 1878]. My friend, Dr. T.A. Edwards made the section this evening, or 24 hours after death x x x extensive and tough adhesions."

Contributed by Dr. James E. Reeves,

Wheeling, West Va.

See Microscopical Section Nos. 7816 & 7864

No. 1401. C.4.3.2.F.1. 8851

Portion of stomach cut along the lesser curvature from the cardia to the pylorus showing the coats of the organ and the areolar tissue on the anterior surface infiltrated with blood. A firm blood clot found in the duodenum is suspended separately by a thread.

"Private Valentine Lobe, co. E, 1st. U.S. Cavalry, taken sick at 10 P.M. December 19. 1876, died at 10 P.M. December 20. 1876. Private Lobe was a native of Germany, aged 40 and had served in the United States Army for 10 years. He went with his company in the month of September, 1876, to the Wallowa valley. While there, was sick and had administered to him, by one of his company officers (no medical officer with the command) a tablespoonful of quinine at a single dose. Upon his return to the Post he was admitted to hospital (September 30th.). Diagnosis: Quotidian intermittent fever. He suffered very much from dyspepsia during the month of October, but was able to resume his duties on the 5th. of November. From this time he continued to perform all his duties as a soldier until the eve-

ning before his death.

"During the night of December 19th., while on guard, he was taken suddenly ill at 10 P.M., and I was summoned at midnight. I found him almost pulseless and suffering intense pain in the epigastrium; while his heart beat very feebly, there was a forcible rhythmical beating in the abdomen which attracted my attention, but which I was unable to explain. I administered to him a fluid drachm of Hoffman's Anodyne and had him brought to the hospital. He had been making repeated ineffectual attempts to vomit and his body was bathed with cold perspiration. The idea that he was suffering from the effects of indigestion presented itself to my mind and I administered of powdered ipecacuanha a half drachm in eight ounces of warm water. This was repeated in fifteen minutes. As vomiting did not follow, a third draught of warm water containing half a teaspoonful of mustard was administered. Ineffectual efforts at vomiting occurred several times and a small quantity of fluid was ejected. The man felt considerably relieved and stated that he had eaten very little dinner or supper and had not taken anything unusual to eat or to drink. His pulse rallied considerably and as he seemed better I left him at 1.15 P.M. with directions that he have a drachm of Hoffman's anodyne in half an hour; supposing that by that time his stomach would have emptied itself.

"The next morning I found that he had not vomited although he had made several ineffectual attempts; his pulse was rapid and feeble; body cool and moist; feet cold; pain in epigastrium relieved; griping pain in bowels; mind clear; said that his bowels had been costive for some time and he thought he would feel better if they were moved. He was ordered to

take 10 grains of blue pill at once and a Seidlitz powder at 4 P.M.; hot water in a foot warmer to be applied to the feet and a large mustard poultice over the abdomen. Condition during the day unchanged; griping pains in the bowels continued. Bowels not being moved, an enema of castor oil one ounce, oil of turpentine half an ounce, with the yolk of one egg, was administered at 6.30 P.M. A small quantity of hardened, dark colored faeces came away with the enema.

"At 10 P.M. the hospital steward came for me in haste saying that Lobe seemed to be dying. Upon my arrival at the hospital I found him dead. He had spoken to the attendant a few moments before death and had not seemed any worse than during the day.

"Post mortem examination twelve hours after death: Rigor mortis well marked; body somewhat emaciated; abdomen flat. Upon opening the cavity of the abdomen, it was found to contain bloody serum and clots in all about a pint. The fundus of the stomach, the spleen and the gastro-splenic omentum were found to be the seat of extensive cancerous disease, melanotic in character. The spleen broke down in handling it and the coats of the stomach gave way in removing it from the body, allowing its content to escape. I am unable therefore to say whether three longitudinal rents, extending through its mucous lining, which may be seen in the specimen preserved x+++ are antemortem or postmortem. As a number of clots of blood escaped from the stomach, with a considerable quantity of dark colored fluid, I suppose these rents to have been produced before death. A portion of the duodenum, which was involved in the disease, was removed for preservation. Upon

opening it, a most remarkable mass, which had filled the entire caliber of the gut for about four inches, slipped out. This had been accurately adapted to all the folds of the mucous membrane. This mass which appears to be of the same character as the cancerous tissue found elsewhere, I have preserved for the Army Medical Museum. The large intestine was found to contain a considerable quantity of light yellow faeces. The cancerous tissue was everywhere filled with blood corpuscles and contained masses of large oval cells, which, although transparent, had a dark coloring to which I presume the melanotic appearance of the mass was due. The black color of the cancerous tissue is fading out since the specimens have been placed in diluted alcohol and will probably be entirely destroyed."

Contributed by Surgeon George M. Sternberg,
Ft. Walla Walla, Washington Ter.

No. 1402. C.5.S.5.E.78. 4452

Twin placentae with two cords and double membranes.

From a twin birth. The second [?] child appeared to the contributor to be about an eight months' child; its head was in the left occipito anterior position; flexion would not take place; expulsive efforts were ineffectual. After 14 hours labor the forceps were applied, and the position of the head corrected sufficiently for the feotus to be extracted. The first [?] child was then found with a normal presentation and was extracted with forceps as the mother seemed somewhat exhausted. This child was much larger and its cord attached to the centre of the placenta, while the cord of the smaller child was attached

to the periphery. Their respective weights were 6½ and 7¾ pounds. It was the first parturition. Mother and children doing well.

Contributed by Asst. Surgeon A. C. Girard,
Fort Randall, D. T.

No. 1403. C4.S.3.N.35. 8853

Head of tapeworm.

From a child, 2½ years of age, who had been treated for the worm, at different times, for more than a year previous to May 12, 1876. On that day, after having fasted absolutely for 24 hours, a drachm of the oil of male fern was given; at the end of twelve hours the dose was repeated with an ounce of castor oil; and the worm was discharged. The patient was free from any sign of tapeworm from that time to March 2. 1878, the date of the contributor's letter.

Contributed by Asst. Surg. W. E. Taylor,
Baton Rouge Barracks, La.

No. 1404. C. 5. S. 4. C. 6. 8854

Bladder of a dog, with hypertrophied prostate gland. The animal died with retention of urine.

Contributed by Asst. Surgeon R. E. Smith,
Fort Bayard, N. M.

Nos. 1405. C. 4. S. 3. Q. 3. and 8855

Portion of small intestine, presenting near its middle a cancerous growth, which on microscopical examination proved to occupy the mucous and submucous coats and extended by infiltration into the fibres of the muscular coat

as far as the subperitoneal connective tissue. The growth is disposed as a ring and encroaches considerably upon the lumen of the intestine. Its internal surface is ulcerated.

See Microscopical Section, Nos.

1406 A portion of mesentery attached to the piece shows carcinomatous infiltration of the mesenteric glands which are considerably enlarged.

1406 C.4.3.6.A.3. Carcinomatous infiltration of head of pancreas.

Note. The trached and oesophagus were received at the Museum, both normal, but with a number of carcinomatous bronchial and other glands attached.

8456 "Hospital number 240. Private John Killen, Co. "E", 15th. Infantry, age 35, admitted to hospital July 19, 1877. Tumor observed for first time on the 16th., probably of some time standing. Has rapidly increased in size since first seen. Size near that of a man's fist. Location; occupying the space between Latissimus dorsi and Pectoralis major, extending well up to the axillary vessels. Removal of tumor August 1. 1877. from axillary region (right side) by incision over tumor and enucleation by handle of scalpel. Weight of tumor 8 ounces. Slight hemorrhage. Two ligatures were applied. Ether used. Patient reacted promptly. Skin not adherent to growth. General health good. Progressed well enough. Treatment: cold carbolic lotions to site of wound. Incision healed. No recurrence of tumor to this date (September 30) in the immediate vicinity of the one removed. Still under observation. Operator: Robert E. Smith, Assistant Surgeon, U. S. A."

The above is an extract from the Doctor's quarterly report of surgical operations. The patient died October 29.

Autopsy 11½ hours after death: Rigor mortis well marked; body very much emaciated.

Oesophagus with larynx removed; mucous membrane found healthy throughout; the lumen of the tube surrounded by numerous enlarged lymphatic glands and new growths, starting from opposite the cricoid cartilage and extending down throughout the entire length, almost completely constricting the caliber of the tube at the point opposite the bifurcation of the trachea. The lobes of the lungs intimately adherent to each other, otherwise normal. Pericardial membrane looked healthy and contained two (2) ounces of serum. The mucous membrane of the ileum was found raised by numerous dark greenish nodules, varying in size from a pea to a walnut; the serous membrane of this portion of the intestine was elevated at numerous points by reddish white mottled new growths; another portion of the ileum showed a solitary new growth in mucous membrane and an ulcerated patch covered only by serous membrane. The body and head of pancreas were found greatly enlarged and indurated by the presence of new growths. Liver enlarged, weighing 5 3/4 pounds. Left kidney weighed 6 3/4 ounces, showing hilus filled with adipose tissue containing secondary new growths similar in microscopical appearance to those presented in other portions of the body; pyramids extensively injected; cortical substance uninvolved. Portion of left ureter showed several submucous new growths up to the size of a split pea.

Brain not examined. Other organs of the body examined and found normal.

See Surgical Section 6821 for tumor of axillary region.

Contributed by Asst. Surg. Robert E. Smith, Fort Bayard, N. M.

No. 1407 C.1.S.1.G.4. 8857

cerebellum with an abscess-cavity about the size of a walnut in the left lobe. Supposed to have been caused by a blow upon the head.

James M. Cosgrove, age about 25, white, while wrestling was thrown an inmate of the Columbia Institute for Deaf and Dumb. He died April 22. 1878. Was attended by Dr. Kilvarten. No further clinical history.

to the ground, striking the back of his head.

Dr. D. S. Lamb

Autopsy 4 hours after death; slight rigor mortis; body well nourished; marks of blistering on back of neck.

Scalp congested; membranes of brain congested. tissues of base of brain and ventricles, lateral portion were softened as by maceration, and there were in all about 2½ ounces of by fluid, gravish zero-purulent liquid with flocculi of lymph. Upper anterior portion of left hemisphere of cerebellum contained a cavity, size of a walnut, with darkly discolored walls and a liquid similar to that just described; it communicated anteriorly with the cranial cavity by a large opening, and laterally with fourth ventricle. Bones normal.

There was an effusion of curdy lymph upon the spinal cord as far down as could be seen.

Other organs not examined.

Contributed by Dr. W. S. Lincoln,
Washington, D.C.

No. 1408.

The colon and about two feet of the ileum were received at the Museum; the colon much thickened and showed both ulceration and pseudomembranous deposits, but was not of sufficient interest to preserve as a specimen without history.

No. 1408. C.5.S.5.E.79. 8858

Fleshy mole expelled at about the seventh month of pregnancy; the sac of membranes has been opened and the ovum raised on a bristle.

Mrs. B—, white, German, age about 40, mother of several healthy children, has never had a miscarriage. In March 1876, her last child was born. One month afterwards her menses appeared and recurred in the succeeding month. About the first of June she had some symptoms of pregnancy, which however in about two weeks passed off and did not recur. Her menses however did not appear, and during the last month she had a feeling of weight and uneasiness in the pelvis. November 25. 1876 haemorrhage and labor pains supervened and the specimen was discharged.

Contributed by Dr. J. F. Harrigan,
Washington, D.C.

Nos. 1409 C.4.S.3.G.24. 8859 and 1410 C.4.S.3.G.25. 8860

Portion of ileum at ileo-coecal valve showing a thickened and slightly ulcerated Peyer's patch, just below which the enterotome has picked out two portions of the intestinal wall.

Portion of ileum taken just above the ileo-coecal valve, presenting a number of typhoid ulcerations, one of which has perforated. (The lower perforation seen in the piece is probably a rent in the intestine made during the autopsy.) The lower part of 1409 was continuous with 1410 when received at the Museum, but the tissues being soft, they were accidentally broken while handling.

See the papers which accompany this case

with regard to the erroneous supposition that this was one of stricture of the bowel.
History and autopsy notes by Asst. Surgeon McDonald, 23rd. Pa.

Gustave Beschger, Private, co. "K", 23rd. Pennsylvania Volunteers, entered hospital (known as Graham's Brigade hospital, situated one and a half miles north of the Capitol at Washington, and under the charge of Dr. Prince) December 13. 1861. Diagnosis: Typhoid fever. 14th., pulse 112. Placed at once on stimulant and concentrated nourishing diet. 15th., pulse 116; no variation for 24 hours; plasters needed for bedsores. 16th., pulse 129; urine scanty. For this, the spirit of nitrous ether was administered. 17th., pulse 128; bloody diarhoea. For this the tincture of the chloride of iron and oil of turpentine were administered. 18th., bloody discharges less. Nutritive and anodyne injections of beef tea and laudanum were ordered today. 19th., pulse 120; several passages; water free. Infusion of capsicum added. 20th., pulse 120; several passages again. Diet of the most nutritive character possible. 21st., pulse 132; several passages in 24 hours; restless. Artificial heat applied today. 22nd., passages in bed. 23rd, no passages in 24 hours. 24th., continue everything. 25th, doing better. 26th, doing well. 27th., pulse 120; no diarhoea; improving; some dulness over lower lobe right lung, but no rational signs of disease of chest. 28th., doing better. 29th., pulse 116; tongue moist; some diarhoea still. 30th. and 31st, no changes. January 1st. 1862, two passages last night. Up to the 4th., no change; rather on the mend, however. 5th., pulse 120; 7th., pulse 116. 9th., pulse 116. 10th., pulse 112. 12th., bedsores very bad. A little steak given today; also ale. 13th, pulse 108. Ring pillow used for several bedsores. 16th., pulse 116. 17th., pulse 116. He was up to this time taking all the

beef juice, eggnogs, pudding, brandy custard, wine, ale, soup, &c. that he could be induced to swallow. 19th, pulse 120; tongue moist and slightly furred in the centre. 20th., pulse 114, small and weak; tongue moist and clean; emaciation extreme. 21st, pulse 92 and almost imperceptible at wrist; hand purple; lies very still. 22nd., pulse 100; very weak; tongue moist but still furred. 23rd., vomits pretty much everything. A little steak was given. 25th., pulse 108; tongue clean; stomach still weak, rejects everything given and in any quantity. 26th., pulse 88. Stimuli and nourishing food. 27th., pulse 108; surface dark purplish as if from stasis of blood in capillaries; tongue clean and moist. 28th., pulse 96; tongue moist and clean. 29th., pulse 96; improving; tongue clean and moist. 30th., pulse 92; tongue moist and clean; no passages in 24 hours. 31st., pulse 100, improving; tongue pale, clean and moist. Ale given three times a day. February 1st, pulse 100. Bean soup. 2nd., no passages for six days. 3rd., pulse 108; tongue clean; one passage. 4th., pulse 120; one passage again. 5th., pulse 112; Fruit given now. 6th., pulse 108; tongue clean. Clothes given him today but he was not able to walk. 7th., pulse 120; appetite increasing. 8th., bean soup. 9th., pulse 132; had been doing finely up to yesterday, when from eating an orange he was suddenly attacked by severe pain in the bowels. Pain this morning but no tenderness. Rested badly; laudanum given twice only partially quelled the pain. Gave two ounces of castor oil. 10th., pain still continues severely; vomits bile; pain and tension across belly above the umbilicus;

retains nothing on his stomach; pulse imperceptible at wrist. Died at 8.30 P.M. Oil never passed through.

"Autopsy 24 hours after death: no rigor mortis apparent; belly tympanitic in some places; splashing sound on shaking. Peritoneal cavity full of serum; mesentery thickened and glands enlarged; small intestine from duodenum to the lower six inches of the ileum much enlarged or distended, full of fluid and gas; colon in its whole length very much contracted, down to the size of thumb, absolutely empty except a small piece of faeces in the caecum. Fluid filled the small intestine down to a contraction, a stricture [?] about one half inch to five eighths in width which narrowed down the calibre of the ileum to about the size of the tip of little finger, say one fourth inch in diameter. On raising the gut out of the abdominal cavity, the weight of the fluid in the intestine burst an ulcerated spot completely through, forming an opening of nearly inch in diameter. There were several gangrenous looking patches in different parts of ileum, two or three surrounding ulcerated spots (Peyer's patches); several ulcers had no gangrenous appearance and several gangrenous patches were independent of the ulcerated patches. The peritoneal coat of the ileum presented a reddened, scarlet, congested appearance, and was probably the origin of the fluid found on opening the peritoneal cavity. There were several ulcers on and near the ileo-coecal valve, but none to be seen in the colon, duodenum, stomach, &c., pale and natural in appearance. Liver, lungs and heart natural."

Contributed by Dr. David Prince,
Jacksonville, Illinois.

No. 1411. C.S.I.M.D. 16. 8861

Granular kidneys from a case of Bright's disease; the upper kidney is the right, the lower the left.

Sergeant William Janke, co. K, 9th. Infantry, who was admitted to hospital in January, 1877, returned to duty in April, readmitted in October and died December 7. It is not known when his disease began, but from its advanced state in January, when he first came to the Post, it must have existed at least a year. The disease pursued its usual course. When first admitted to hospital he was placed on an exclusive milk diet and improved so rapidly he thought himself well. When taken in hospital in October, the same treatment was attempted, but he was unable to undergo the exclusive diet.

After death the kidneys were taken out and found granular almost throughout; the cortical substance was entirely displaced.

Contributed by Surgeon Charles Page,
Omaha Barracks, Nebraska.

No. 1412. C.3.3.I.D.24. 8862

Larynx and portion of trachea, the mucous membrane thinly coated with pseudomembrane.

The specimen on microscopical examination proved to be one of pseudomembrane of the larynx

and little granulations resembling tubercles to the naked eye were local thickenings of the pseudo-membrane.

From "Spotted Elk", an Indian prisoner, (Cheyenne) who died January 2. 1877 of laryngeal phthisis. He was able to speak so as to make himself understood up to a few hours previous to his death.

Contributed by Surgeon John H. Janeway,
U. S. Army,
St. Augustine, Florida.

See Morris. Section, nos. 8046 & 8053.

No. 1413. C. 4. 3. 3. G. 26. 8863

Perforating ulcer of ileum, probably typhoid.

William Moran, an Irishman, about 45 years of age, married, but separated from his family, employed in the Quartermaster's Department at Fort Stockton, Texas, as a blacksmith, was on the afternoon of July 2nd. 1878, picked up in almost a moribund condition between the wagon shop and a sink in the rear, where he had started to go to ease himself. He was brought to the Post hospital at once. It seemed that for two weeks previous to this attack he had suffered with diarrhoea and debility resulting from a prolonged debauch. His habits of life were known to be very irregular, and he had long shown evidences of breaking down under his habitual drinking. After his admission to the ward I found that his extremities were exceedingly cold, although the day was warm. His face was mottled with white and blue; his pulse feeble; hearing imperfect; mind wandering; speech difficult from a hurried and anxious respiration. He complained of acute hypogastric distress, increased by pressure; and also of diarrhoea. In bed the patient assumed a left lateral decubitus; thighs flexed on the abdomen and head twisted on the pillow. He was immediately placed under warm covers and ordered a mixture containing chloroform, opium and hydrated magnesia; to be repeated at intervals of two hours, as required. After taking the second dose of the mixture he felt quite free from pain, although there was no evidence of reaction. Two more doses gave him relief until 12 P.M., when there was a recurrence of his abdominal distress. After this he got but little relief until he died at 4 A.M. He had no evacuation of the bowels while he was in the hospital.

Autopsy 7 hours after death: the body showed emaciation, though the muscular development of the chest and arms was good. Rigor mortis was fairly marked, and there was considerable posterior suggillation; there was some abdominal meteorism; no external marks of injury, though there was a history of his having received a severe kick from a mule in this region some two months before. His lungs showed pleuritic adhesion over their posterior surface; their apices were indurated; other lobes apparently normal. His heart was empty and no lesions of its valves were discovered. The diaphragm was bulged upwards. On section of the abdominal walls, fully 32 ounces of recently effused serum were evacuated, together with flakes of lymph, small blood clots and a little fecal matter. Both the parietal and intestinal peritoneum were intensely injected, and an attempt at adhesion was discovered in the right iliac fossa. Carefully stripping the gut through the fingers, we came at last upon a reddish black slough, backed in pus, blood and fecal matter, through which were found

two small perforations penetrating at the base of a large ulcer in the lower fifth of the ileum. About six inches of the gut, including the diseased part, were ligated at both extremities, cut out and removed from the body. On splitting open the tube, one or two erosions of the mucous membrane were discovered while there were seen numerous points of injection and a general oedema of the intestinal villi. A large ulcer covered the point of perforation, having a dirty-grayish base and undermined edges.

Contributed by Asst. Surgeon Benj. F. Pope,
Ft. Stockton, Texas.

No. 1414 C.2.3.2.B.35. Aneurism of aorta, in which the vascular wall has given way immediately above the valves and an aneurismal tumor formed in the septum of the heart.

Autopsy by Dr. Lamb

~~See Transactions of the Medical Society of the District of Columbia, Vol. , 187 , p. .~~ 8864

Contributed by Dr. Wm. H. Ross,
Washington, D.C.

No. 1415 C.5.3.5.B.15. Fibroid tumor of uterus passed by the unaided efforts of nature; weight 19 ounces.

Mrs. G—, age 46, German, married 28 years; had given birth to 9 children, the eldest 26, the youngest 5 years. General health good till four years since when she was taken with serious uterine hemorrhage (as I was informed by her husband), and has since been an invalid. I was summoned to see her on the 13th. inst. at 10 o'clock P.M., but

8865

did not reach the house till 5 o'clock P.M., when I found her lying on the sofa in the dining room, pulse rapid and very attenuated, respiration exceedingly hurried, face pallid and extremities cool; conscious but unable to converse much. She continued to sink and died about 6.30 the same day. The specimen was handed me by a woman who was in attendance, and from whom I gleaned the following facts. During the morning of the 3rd. inst. Mrs. G— was as well as usual. About 12 M. she went to the water closet (which was situated some distance from the house) unattended, and soon after called for help. When she reached Mrs. G— she found her very much prostrated, having passed the tumor together with much blood and water. I would state that on making a digital examination on my arrival I found the os dilated to the extent of a half dollar; some shreds of tissue resembling placenta protruding therefrom. She did not have any hemorrhage after I saw her. She had not menstruated for two months.

Contributed by Dr. W. W. Evans,
Washington, D.C.

See Micros. Section, nos. 8118 to 8120.

No. 1416. C.3.3.2.B.3. Lungs from a case of phthisis; the left collapsed; the right contains a number of peripheral metastatic foci. Dr. Gray says they are same as June 1, 1868.

8866

The patient was a widow aged 84 years. She had been the mother of four children, three of whom died of pulmonary phthisis, aged respectively 18, 21 and 30 years. She remarked at my first visit April 11, 1878 that she had always enjoyed excellent health except at irregular intervals during the last three or four years, when

she had experienced some pain in left side extending to the hip. For this she never thought it worth while to seek medical advice, owing to its mild character. Her father died at the age of 74 or 75 years of some form of pulmonary disease, and her mother, of pulmonary phthisis, aged 84 years.

At my first visit, April 11, last, I found her suffering from pain in the left infra-axillary region, a considerable febrile disturbance, cough and chills. Aside from slight dulness over the seat of pain, nothing important was discovered by physical signs. She attributed her illness to exposure in a shower of rain two or three days before. I suspected pleurisy and directed my treatment to that end. Under treatment she improved for a few days and her recovery seemed assured. Upon the seventh day I found her even worse than when first called to see her. I directed a similar treatment with favorable results for at least a few days. Subsequent to this date the patient did not come under observation till May 18th., when I found for the first time she was compelled to remain in bed. Inspection of her chest showed marked deformity; the right side was bulging and prominent, with a corresponding depression of the left; the respiratory sounds of the right lung were exaggerated but otherwise normal, while those of the left could scarcely be heard. There was complete flatness below the third rib. A hypodermic needle was thrust in the pleural cavity and immediately filled with a clear, straw-colored serum. Upon the same day paracentesis was made and by estimate, fully three pints of serum were removed. The withdrawal of this was accompanied with coughing so common under such circumstances. In appearance, the serum did not differ from ordinary pleuritic effusions. The removal afforded much relief to the patient, she breathing easier and on the whole feel more comfortable than for some days before.

Three or four days later, it was evident that she was gradually losing strength and becoming more feeble. Eight days after the first operation I again operated, removing this time about one pint; the fluid was a little muddy and mixed with blood. On removing the trocar there was a considerable hemorrhage. This was so persistent that at first I suspected I had punctured the intercostal artery, and was only controlled by constant firm pressure. After the removal of this fluid the patient seemed to feel somewhat relieved, but her comfort was only temporary, lasting but a few hours. From this date her dyspnoea rapidly increased and she became more and more exhausted till the time of her death, June 7th., ten days after the second operation. From the date of the first operation she complained of pain in her left shoulder and at the point of puncture; but at no time was it excruciating, rarely requiring anodynes for its relief. For two or three weeks before her death her pulse was feeble, beating from 120 to 130 per minute; the emaciation was rapidly progressive, and the skin presented a yellow tint. She had night sweats, occasional diarrhoea and febrile paroxysms with chills and palpitation; some cough without much expectoration; some hemoptysis with her family history. These symptoms with her family history led me to suspect the presence of phthisis, but I was unable to satisfy myself that such was the case.

Autopsy: The lungs as in the specimen; the left firmly adherent posteriorly and laterally to the thoracic parietes from which it was removed with difficulty; left pleurae filled with liquid. Heart small, healthy. Abdominal viscera not examined.

Contributed by (Actg. Asst. Surgeon) Dr. Joseph W. Fowler,
Fort Porter, Buffalo, N.Y.

No. 1417. C.4.S.7.6.27. 8867

Cancer of the stomach; echinococcus(?) of the liver.

Mrs. — Neil, age 60; dark mulatto; sick since June 1878. Admitted to Freedman's hospital, Washington, D.C. November 3rd. She vomited all ingesta. Died 5th., at 4 A.M.

Autopsy, by Actg. Asst. Surg. D.S. Lamb, 53 hours after death: Rigor mortis marked in the knees; much emaciation.

Brain normal, anaemic; dura mater easily removed from calvarium; a small spiculum of bone in falx cerebri close to corpus callosum; a small quantity of transparent serum in ventricles; a delicate middle commissure in third ventricle.

Spinal cord not examined.

Lungs closely adherent by old adhesions to thoracic parietes; about an ounce of clear serum in each pleural cavity; lungs anaemic anteriorly, oedematous posteriorly. Pericardium contained an ounce of clear serum; heart normal; soft black clots in each side; aorta showed calcareous atheroma in small amount just above the valves.

Peritoneal cavity distended with yellowish serum full of lymph flakes; slight adhesions of small intestines together; firmer adhesions of liver, spleen, pancreas and stom-

ach to adjacent parietes and to each other; peritoneum everywhere highly injected. Greater omentum contracted into a flattened mass, a few lines thick. Liver small, of uniformly brown color internally and anaemic, its capsule thickened in patches; in the anterior margin of the left lobe was a cyst, the size of a walnut, with distinct membranous capsule and which contained some remains of membranes and a soft yellowish pulpy mass. [Echinococcus?] Spleen very small, about half an ounce in weight. Stomach contracted; capacity about 4 ounces; walls thickened and indurated by cancerous deposit everywhere except in the line of the anterior curve, midway between the curvatures, where the coats appeared normal; mucous coat presented ulceration and brownish lines as from hemorrhagic staining. The intestines were normal except the congestion and adhesions upon the peritoneal surface; descending colon much contracted. Ileum atrophied, length 1½ inches; cavity quite patulous. Ovaries of normal size; contained a few aqueous cysts. Kidneys apparently normal; Bladder contracted.

Contributed by Dr. D.S. Lamb,
Washington, D.C.

(Mountain fever)

Nos. 8868 1418 C.4.S.3.6.27.
Portion of ileum taken eighteen inches above the ileo-coecal valve, showing a perforating typhoid ulcer.

8869 1419 C.4.S.3.6.28.
Ileo-coecal valve with lower part of ileum showing several large typhoid ulcers.

1420
C.4.5.3.6.29.

8870

portion of ascending colon showing slight enlargement of the solitary glands, many of which present ulcers at the apex.

Private William Howe, co. "A", 5th. cavalry, died in hospital at Fort Fetterman October 11th. 1878, of peritonitis consequent upon perforation of intestine eighteen inches from ileo-coecal valve, the sequel of so-called mountain fever. The first manifested symptoms of disease after a long, hard march through the mountains during which the command encountered a snow-storm. He was taken with fever and sweat but complained principally of a severe pain in the back of head and neck. This condition obtained until the column (in about three weeks) reached this post when the patient was transfered to this hospital by Acting Assistant Surgeon A. J. Gray, U.S.A. Diagnosis: Quotidian intermittent fever. Upon admission I found patient in a semi-conscious state, complaining of great pain referred to the back of the head and neck, and with difficulty gleaned the following incomplete history of his case: "Taken sick about September 10th. 1878. First complained of headache and pain in bones; never had chill; no diarrhoea; bowels generally regular, sometimes constipated, sometimes loose; fever (he says) continuous from beginning; micturition difficult; tongue slightly coated of whitish color, clear on edges and tip and of pinkish color; abdomen generally tender; liver slightly enlarged and tender; spleen not tender though somewhat enlarged; thorax slightly dull on percussion all over; no perceptible pulmonary lesion further than slight roughness on inspiration and no pain in chest; throat slightly sore; no appetite; thirst great; expectoration viscid and whitish; most prominent symptom pain in head; no

roseola; albumen in urine, disappearing in a few days, quantity about normal; pupils normal, reacting to light." The preceding quotation is from the doctor's note book. The treatment consisted of quinine and sponge baths for fever; morphine for headache; slop diet. Patient apparently improved gradually until the evening of the 9th., when he complained of severe pain in the abdomen, which was relieved by morphine and turpentine enema. The true cause of pain was soon discovered and patient was left under opium until he died.

Autopsy: Dura mater firmly adherent to cranial parietes; membranes of brain congested; brain substance normal. Lungs and heart normal. Liver normal, weight 56 ounces. Spleen very soft, weight 10 ounces. Kidneys apparently normal, the right weighed 5, the left 6 ounces. The stomach showed nothing abnormal. Small intestine normal, except that in the ileum a few Peyer's patches and about eighteen inches above the ileo-coecal valve were slightly thickened was a perforating typhoid ulcer. Just above the ileo-coecal valve were several large typhoid ulcers penetrating to the muscular coat. The colon showed slight enlargement with pin-head ulceration of the solitary follicles.

Contributed by Hpt. Surg. John V. R. Hoff,
Fort Fetterman, Wy. Ty.

No. 8871
1421.
C. 8. 49.

Monstrous foetus with deficient abdominal walls.
Contributed by Dr. J. H. Thompson,
Washington, D.C.

Nos. Cranium of "cyclops."
1422. Contributed by Dr. J. H. Thompson,
C.8.-50. Washington, D. C.
& 1423 External soft parts of same.
C.8.-51.

8872
amg

8873

No. Uterus, incised from behind forwards; cervix
1424. destroyed by cancerous ulceration.
C.5.S.5.A.5. Contributed by Dr. J. H. Thompson,
Washington, D. C.

8874

See Microscopical Section, nos. 8028 & 8030.

No. Ovarian cyst, inverted, containing dermoid struc-
1425. tures, teeth and hair.
C.5.S.5.C.23. Contributed by Dr. J. H. Thompson,
Washington, D.C.

8875

See Microscopical Section, nos. 1986 to 1988.

No. Dr. H. P. Middleton's specimen of "larynx showing
1426 croupy exudation". [Diphtheria?].
C.3.S.1.D.27. See Minutes of the Society, Vol. I, p. 11.; also

8876 Amer. J. Med. Sci., Vol. LV, 1868, p. 120.
Contributed by Clinico-Pathological Society,
Washington, D.C.

No. Dr. W. B. Drinkard's specimen of "tumor of cellular
1427. and adipose tissue, with hypertrophied inguinal
C.5.S.4.E.1. glands, removed from inguinal region." On ex-
amination of the specimen, after its receipt at
8877 the Museum, it was found to be a displaced
testicle.

See Minutes of the Society, Vol. 1, p. 179; also
Amer. J. Med. Sci., Vol. LVI, 1868, p. 436.
Contributed by Clinico-Pathological Society,
Washington, D. C.

No. Dr. C. M. Ford's specimen of "aneurism of aorta."
1428. Death took place from rupture of the aorta
C.2.S.2.C.36. just above the valves, the blood dissecting
8878 for some distance between the middle coat
and adventitia. A coagulum is seen in the ar-
olar tissue around the left pulmonary artery.
See Minutes of the Society, Vol. 2, p. 182;
also Amer. J. Med. Sci., Vol. LVII, 1869, p. 107.
Contributed by Clinico-Pathological Society,
Washington, D. C.

No. Dr. G. J. Todd's specimen of "heart lined with fib-
1429. rinous concretions." The specimen shows the or-
C.2.S.1.H.8. dinary fibrinous heart-clots.
8879 See Minutes of the Society, Vol. I, p. 204; also
Amer. J. Med. Sci., Vol. LVII, 1869, p. 109.
Contributed by Clinico-Pathological Society,
Washington, D. C.

Transfer to Pathological Museum no. 49.

No. Dr. Wm. Lee's specimen of "embryo of ten weeks,
1430. and uterus with well formed decidua and
C.5.S.5.E.80. rupture of right fallopian tube. Case of tubal
8880 pregnancy."
See Minutes of the Society, Vol. I, p. 221;
also Amer. J. Med. Sci., Vol. LVII, 1869, p. 407.
Contributed by Clinico-Pathological Society, Washington, D.C.

No. 1431. C.2.S.1.D.39. 8881

Dr. A. F. A. King's specimen of "hypertrophied heart with valvular disease." [The label in the jar read "not certain this is right".] The auriculo-ventricular valves are insufficient.

See Minutes of the Society, Vol. I, p. 237.

Contributed by Clinico-Pathological Society, Washington, D.C.

Note 1431 is now 1431 & 47 Par. Jars.

No. 1432. C.4.S.3.R.I. 8882

Dr. D. W. Prentiss's specimen of "obstruction of the bowel at the caput coli in an infant of 4½ months." In the specimen as received at the Museum there is considerable thickening of Peyer's patches just above ileo-coecal valve. The slit just above the valve was made by Dr. Prentiss in his examination of the specimen.

See Minutes of the Society, Vol. I, p. 275; also Amer. J. Med. Sci., Vol. LIX, 1870, p. 422.

Contributed by Clinico-Pathological Society, Washington, D. C.

No. 1433. C.2.S.1.D.40. 8883

Dr. B. Thompson's specimen of "heart with constricted mitral valves." There is also hypertrophy and dilatation of left auricle, and insufficiency of right auriculo-ventricular valve.

See Minutes of the Society, Vol. I, p. 348.

Contributed by Clinico-Pathological Society, Washington, D.C.

No. 8884 1434. C.5.S.1.I.2.

Dr. Wm. Lee's specimen of "kidney showing jelly-like degeneration from Bright's disease." The woman died, uraemic, three days after delivery and manifested symptoms of nephritis before death. The kidney contains a number of metastatic foci.

See Minutes of the Society, Vol. I, p. 353; also National Med. Jour., Vol. II, 1871-2, p. 363.

Contributed by Clinico-Pathological Society, Washington, D.C.

No. 1435. C.2.S.1.D.41. 8885

Dr. J. T. Young's specimen of "heart showing hypertrophy and dilatation without valvular disease." There is insufficiency of auriculo-ventricular valves.

See Minutes of the Society, Vol. II, p. 50.

Contributed by Clinico-Pathological Society, Washington, D.C.

Note 1435 is now 8885 48 Par. Jars.

No. 1436. C.5.S.5.E.81. 8886

Dr. D. W. Prentiss's specimen of "foetus of six months' development delivered at time."

From Mrs. B——; she had last menstruated Sept. 18, 1869, quickened Jan. 18, 1870, miscarried suddenly last March 17; labor induced July 8 with fearful uterine haemorrhage.

Contributed by Clinico-Pathological Society, Washington, D.C.

No. 1437. C.2.S.1.C.4. 8887

Dr. C. E. Wagner's specimen of "heart generally hypertrophied" From a child apparently; there is dilatation of left ventricle.

Contributed by Clinico-Pathological Society, Washington, D.C.

No. 1438. C.2.S.1.D.42. 8884 — Ascending aorta lined with calcareous plates; some calcareous deposit in aortic valves. There was hypertrophy with dilatation of both ventricles, especially the left.
Contributed by Clinico-Pathological Society,
Washington, D.C.

No. 1439. C.2.S.1.D.43. 8889 — Left side of heart, presenting mitral insufficiency with vegetations.
Contributed by Clinico-Pathological Society,
Washington, D.C.

Nos. 1440 C.J.-15. 8890 — Right leg of a female infant thirteen months old, affected by elephantiasis lymphatica. The child died of cholera infantum.

1441 C.4.S.3.I.104. 8891 — Portion of the ileum about two feet above the ileocoecal valve showing slight thickening of the glands of Peyer and solitary follicles.

1442. C.4.S.3.I.105. 8892 — Portion of ileum adjoining the ileo-coecal valve and part of caecum, showing thickening and ulceration of Peyer's patches and solitary follicles.

and 1443 C.4.S.3.I.106. 8893 — Portion of ascending and transverse colon, with slight enlargement and ulceration of the solitary glands.
See American Jour. of Obstetrics, Vol. X, 1877, pp. 1, 223, 420, 571; especially p. 8.
Contributed by Dr. S.G. Busey,
Washington, D.C.

No. 1444. C.S.-52. 8894 — Cast of double monster. Duplicate of no. 905, Warren Anatomical Museum.
See Catalogue of Warren Anatomical Museum, Boston, 1870, p. 135.
This cast formed part of the collection of Dr. Jeffries Wyman, was bequeathed by him, as was all his collection, to the Boston Society for Medical Improvement, who however already had a duplicate of the same. The original was therefore sold for $5.00 for the benefit of Dr. Wyman's family, to the Army Medical Museum by the Curators of the Boston Society
Dr. J.B.S. Jackson,
Boston, Mass.

No. 1445. C.2.S.2.C.37. 8895 — Aneurism of the arch of aorta.
The following account of the case is extracted from the mss. Transactions of the Medical Society of the District of Columbia, Vol. VI, p. 280. "Dr. Reyburn presented specimen of aortic aneurism with the following history by Dr. Bushnell: W.R.G., age 54, laborer, 5 feet 6 inches, weight 175 pounds, good muscular development and strength; able to lift a barrel of flour with ease; general health good except supposed rheumatic pain about ankles; no swelling up to 1874 or 5, when complained of pain along spine, which was much relieved by pressure. Increasing pain and troublesome cough led him to seek medical aid and for about a year he was treated for rheumatism and incipient phthisis. May 3. 1877, confined to bed; great pain along spine and left scapula; aphonia, harassing cough; fulness and pressure of chest; no pulse in left wrist; right

pulse frequent; intermittent; bowels constipated; Aneurism suspected. Saline cathartics, sedatives and expectorants with benefit. May 22, examined by Dr. Reyburn; diagnosis aortic aneurism. digitalis; other treatment continued; tonics; good diet. June 10, less fulness and oppression of chest; some relief from pain; attended church; supervised his business. Treatment continued; with iodide of potassium ten grains three times daily; pain gradually decreasing. June 15, in bed from overwork, exposure and severe cold; increased oppression and pain in chest. Thoracic inflammation soon relieved by calomel and squill. Nervous disturbance and pain controlled by bromide of camphor, hyoscyamus and valerianate of morphia 1/8 grain. July 20, much out of doors; suffering rendered worse by business troubles and overwork. August 19, in bed from cold, etc. Similar treatment; rest for a few days. Out in a few days. Treatment continued; outdoor business and treatment the same to November 8th. December 7. Treated for a month past by a travelling charlatan, Steinburger, by special rubbing, low diet, sweating; producing great prostration; deep seated and excruciating pain, increased oppression of chest; dysphagia; loss of appetite; pulse 100. Further treatment pro re nata. January 16 [1878] a violent and convulsive fit of coughing caused rupture of aneurismal sac and immediate death.

"Memorandum of sectio cadaveris (Dr. Gamb). The only abnormity about heart appears to be in the aortic valve, one segment of which is somewhat calcareous. Aorta: two inches above valves the vessel is five inches in circumference, at end of descending portion of arch three inches; atheromatous throughout; cylindrical aneurism of transverse portion. Dimensions: diameter right to left 6 inches, antero-posterior 5½, vertical 4½; vessel patent on right side to innominate and along floor of transverse portion to descending portion; remainder of transverse portion occluded by firm, laminated clot; wall of vessel involved, averaged 1/8 inch in thickness; posteriorly it presents an elliptical opening about one inch in long diameter beyond and below subclavian artery. Innominate artery enlarged but healthy; the right innominate vein patulous. Left carotid much diminished in size, occluded by a translucent colorless deposit; left subclavian artery shrunken to little more than a thick cord with a small central canal and bleached out walls; left ~~sub-~~ innominate ~~clavian~~ vein patulous for half an inch from its junction with right, remainder obliterated. Trachea, upper portion flattened laterally. Firm, bifurcated clot three inches long occupying lower portion of trachea and first portion of bronchi but no communication with the aneurism. Oesophagus: marked curvature to left and communication with aneurism; continuous with external opening of latter, but no clot in the canal and no bloody staining of its walls."

Contributed by Dr. Robert Reyburn,
Washington, D.C.

No. 1446 C.Z.S.I.A.S. 8896

Stenosis of pulmonary valves, which appears as a tough membrane occluding the orifice of the pulmonary artery with the exception of a central elliptical opening about 3/8 inch in long diameter. The walls of the right ventricle are hypertrophied to 1¼ inches in thickness; the right auricle is dilated with

hypertrophied walls.

For somewhat similar cases, see Med. Times and Gazette, October 26. 1878, p. 500 and Canada Med. and Surg. Journal, November, 1878, p. 178.

Specimen obtained from a dissecting room cadaver, age about 24 years.

Contributed by Dr. C. L. A. Kleinschmidt, Georgetown, D.C.

Nos. 1447. C.4.5.3.L.139. 8897 Portion of lower part of colon, showing follicular ulceration in its upper part; in the lower part the remains of the mucous membrane are converted into irregular polypoid formations.

and 1448. C.4.5.3.L.140. 8898 A small portion, lower down, from the same colon; the polypoid excrescences appear as irregular branching growths.

"She died May 8. 1877 as date page of 44.

The youngest child of a large family, she enjoyed very good health, with the exception of an attack of malarial fever which lasted two years in 1849 and 1850, up to the year 1866, when, after an abortion, she was attacked with pelvic cellulitis, and a large quantity of pus formed within the cavity, which eventually found exit through the rectum. During this sickness, which lasted about three months she was often so reduced as to render recovery extremely doubtful. I will not go into detail as to treatment. I will say, as soon as her strength would permit, she was sent to the sea-beach, principally Coney Islands. She remained nearly three months. Her recovery with change of climate was rapid and effectual. From this time on her health was very good up to April 1876 when she complained of being troubled with inward piles and some

hemorrhage from the bowels. There was nothing in her condition however to excite alarm or even the suspicion of more grave disorder as some slight medication gave relief.

"About this time she went to Montgomery County, Md., where some two or three weeks were passed at a sister's. After her return from the country about the 31st. of May, she and her husband went North and East, visiting several places in the States, on the great lakes and the British possessions. Spending a week or two in New York and Philadelphia, returning again to St. Louis on the 1st. of July 1876. She had enjoyed herself well and suffered little from fatigue on the trip. Her physical condition was excellent; she had gained more than twelve pounds and was looking remarkably well. From July 1st. to September the time was passed partly in the city and partly in Montgomery County, Md. About the middle of September she again went East, this time directly to Boston for the purpose of leaving a son at school and to accompany a friend in delicate health. She remained about a week or ten days in Boston and during her sojourn she was stricken with a very severe dysentery, which [was] checked by Velpeau's diarrhoea mixture, which had been recommended to her by a cousin whom she met. She attributed this dysentery to 'cold' from having removed her underclothes one warm morning before starting a sightseeing the wind having changed to the East and the temperature having fallen considerably during the day. After reaching her lodging by night she felt chilly and badly the dysentery immediately followed and from this forward she never fully regained her health.

She afterwards spent some time in New York, a couple of weeks, and about three weeks in Philadelphia, feeling badly; bowels irregular with occasional bloody stools, headache and colicky pains in bowels, although she did not complain much, and I attributed her haggard and depressed look to excessive exertion and fatigue in her efforts to see the Exhibition. (I was not aware until months afterwards that she had had anything like dysenteric discharges while in the Quaker city.) She thought that her sickness in Philadelphia was produced by the dry heat of a Baltimore furnace in the house in which she lodged. Besides headache she complained of frequent griping in the lower part of the abdomen.

"On the first of November we were again in St. Louis. Her first weeks were marked by positive improvement in her condition. She was in the habit of spending much time out doors through the day but her evenings were generally passed at home in quiet, reading nearly all the time. About the 15th. of December she again commenced complaining; the bloody discharge became more frequent and copious, and continued thus until about four weeks before her demise. Her symptoms did not excite alarm until the 18th. of December, when for the first time her husband saw the bloody discharges.

"During her prolonged illness the most remarkable features were the constant bloody discharges, sometimes ten or fifteen and often very many more during the twenty-four hours; the quantity passed at a single stool being an ounce or two; sometimes nearly pure blood, then again a bloody, serous or thin fluid resembling water and oat meal mixed; always

a peculiar, to me, intensely heavy sickening smell. Sometimes for days there would hardly be a trace of fecal matter and then again an occasional fecal discharge, almost, if not quite, normal. She suffered at intervals from griping in the lower part of the abdomen. At times, for days together, she would hardly suffer any, and again, sometimes, she would suffer almost incessantly; her suffering was greatest generally before the fecal discharges.

"She was generally cheerful and always hopeful of ultimate recovery; her pulse seldom got up to 120 and never under 78; the average was about 94. The temperature was not taken very regularly as she had a keen appreciation of its import; the temperature in the axilla was about 100° F.; never did it exceed 102°. Her appetite was poor and she was annoyed by constant vomiting, seldom keeping nourishment on the stomach any length of time; this proved an obstinate difficulty, one which resisted all the efforts of the physicians to control and was the cause of very great anxiety in the selection of her food. During the last five months of her illness she suffered little from headache, and retained full consciousness up to about six hours previous to death.

"The treatment was such as the phases of the disease seemed to indicate. I cannot recall to mind the various remedies nor their effects as observed, nor would any good be derived from a narration that would otherwise be tedious. I will state however that strict diet, light, easily digested, nutritious articles, the recumbent position, were among the things most insisted upon. Previously to coming under regular treatment she [took] a mercurial,

10 grains of blue mass followed by a cathartic in conjunction with a bitter tonic and quinine. The irritability of the stomach having prevented the internal use of the quinine, a concentrated solution was applied to the skin. The use of the quinine with short intervals was persisted in for months and certainly with no injurious and I believe really tonic effects. When mild aperients failed to do anything towards stopping the excessive discharges from the rectum, injections of warm water were used with soothing effect; opiate pills, opiate suppositories, opium, tannin and other astringents; on one occasion electricity with a decidedly irritating effect; belladonna and its salt; guarana elixir; strychnia, nux vomica; bismuth, bismuth and charcoal; ergot and its preparations, and many others, were all fairly tried, with, in many instances, apparent good results for a short time, but only for a short time. At times no medication whatsoever, but the strictest attention to nourishment was paid. The disease seemed to run its course, the same until death ensued, which from physical signs and symptoms seemed to result more from inability to assimilate nourishment than from the direct effect of disease, although the omentum and other parts were well-supplied with fat."

"Post-mortem about six hours after death: the body exhibited extreme emaciation; the peritoneum was free from evidences of inflammation except at the right side of pelvis; just at its brim there were old adhesions, with some recent inflammatory deposit forming adhesions between the right ovary and broad ligament and the head of the colon with a small amount of pus enclosed. The lower

four inches of ileum, the entire colon and rectum presented in the mucous surface the condition of the specimen sent."

Contributed by Dr. John T. Hodgen,
St. Louis, Mo.

See Microscopical Section, nos. 1993 & 1997.

No. 1449. C. S. - 93. 8899

Double female monster united from umbilicus upwards. The two chests are united by their anterior surfaces, each being provided with two well-developed upper extremities. The necks and heads are so united that one side presents a single complete face with the ear on each side, while on the opposite side of the double head the two ears are in juxtaposition and a little distance above them the second face is represented by a rudimentary eye. Cost $50.00

The monster corresponds with the genus Iniops of G. St. Hilaire. See his "Histoire des Anomalies" Tome III, p. 89 and plate XVI, fig. 2 and 3.

It was born February 23. 1878 after a labor of four hours, which was unusually painful but did not require instrumental interference; vertex presentation; shoulders were delivered fifteen minutes after the head. The monster was believed by both the mother and physician to be prematurely born by 30 days. No cause apparent for this premature birth. The placenta was of a peculiar spongy character, apparently filled with dark venous blood, devoid of the usual tenacity or consistency. About 8 or 10 inches from the umbilicus of each child the two cords were contorted and blended into one but again separated and had two attachments to one placenta about 1½ inches apart from each other. There was no pulsation

perceptible after birth. The mother, German, age 18, had a severe attack of puerperal convulsions of the apoplectic form after delivery. During this, her second, pregnancy, she had frequent attacks of vertigo which she had not experienced during her first.

Contributed by Dr. J. B. Sterley,
St. Mary's, Elk Co., Pa.

No. Cancer of stomach.
1450. Mrs. —, a patient of Dr. Lincoln's, about 70
C.4.S.2.C.28. years of age, had suffered for several years
8960 from symptoms of dyspepsia; was a very small eater but required food very frequently. About a year before her death she had a copious hemorrhage from the stomach which however did not recur. This accident was followed by temporary relief of the dyspeptic symptoms, but in the course of three months they recurred; paroxysms of pain in gastric region began to be complained of, and there was so much difficulty in swallowing, that stricture of the oesophagus was suspected and a bougie passed with a view to its detection. A large stomach tube however readily entered the stomach, so that this diagnosis was excluded. About three months before her death a movable tumor was recognized in the right of the umbilical region, which proved on the autopsy to be the omental tumor. The stomach itself was never recognized by the touch. Several attacks of circumscribed peritonitis preceded death, the immediate cause of which appeared to be the development of general peritonitis.

Autopsy: Lungs congested hypostatically, otherwise healthy. Heart small, weighed 6 ounces; aortic and mitral valves slightly atheromatous. Ascending aorta dilated; diameter 1¼ inches, an inch above semilunar valves.

Panniculus adiposus moderately rich in fat. The abdominal cavity contained between 1½ and 2 quarts of straw colored serum. There were numerous delicate peritoneal adhesions between the knuckles of intestine and adjacent viscera. The abdominal and pelvic parietes were thinly plastered with opaque yellowish lymph. The intestines were distended with gas, their peritoneal surface congested and fringed with arborescent bloodvessels; they were not opened. The oesophagus was normal as far as the cardiac orifice, which was somewhat encroached upon by the thickened walls of the stomach, so that it barely admitted the tip of the little finger. The stomach was greatly and irregularly contracted; it measured five inches from the cardiac to the pylorie orifice and was 1¾ inches in diameter at the widest point, outside measure; its walls were ⅓ to ½ inch or more in thickness (scirrhous induration) and nodulated on the internal surface. The pyloric orifice was not obstructed. The omentum was thickened and inflamed, firm in texture and bound the transverse colon closely to the greater curvature of the stomach. The liver was pale and soft, its convex surface coated with opaque yellow lymph; it weighed 29 ounces. The spleen weighed less than half an ounce and was normal in texture. The right kidney was normal in appearance and weighed 2½ ounces; the left kidney weighed 4½ ounces, its pelvis was somewhat dilated; two cysts about the size of peas were found on its anterior surface.

There were no noteworthy abnormities in

the pelvic viscera.

Mem. A considerable lateral curvature of the spine existed in this case.

Contributed by Dr. N. S. Lincoln,
Washington, D.C.

No. 1451 C.S.S.I.B.17. 8901

Atrophied kidneys; from a case of Bright's disease.

"Sergeant Henry Brown, co. "B", 5th. Infantry. Admitted to hospital May 15, 1878. Died on the 18th. July. His symptoms on admission indicated that his disease was confirmed and chronic. Examination of his urine revealed hyaline and epithelial casts, ammoniaco-magnesian phosphate and phosphate in abundance. Oedema of the lower extremities existed and there was considerable ascites and hydropericardium. There was more or less bronchial irritation as indicated by frequent coughing. Under treatment there was at first some amelioration of his disease but subsequently the symptoms became more and more aggravated until his condition became one of extreme suffering.

"Autopsy 2½ hours after death: face emaciated; abdomen and thorax filled with fluid; lower extremities oedematous almost to the point of bursting and a more or less anasarcous condition of the whole body. Lungs normal except one spot of hepatization in cardiac border of left lung; could detect no signs of bronchial irritation. Firm pleuritic adhesions right side. Heart considerably enlarged, weighing 16 ounces, but otherwise natural. Liver somewhat diminished in size, weight 2 pounds 14 ounces; gall-bladder contained a thick, ropy, bistre-colored fluid. Stomach and intestines almost empty, contained a very small amount of black disorganized blood mixed with

mucus, similar to fluid vomited up some hours before death; ecchymotic points in stomach and mucous membrane easily scraped off and gelatinous in character. Spleen nearly natural. Kidneys and supra-renal capsules surrounded with an areolar gelatiniform mass; kidneys smooth, white, hard, contracted, having undergone the fibrous degeneration; normal excreting power almost lost; weight less than 2½ ounces each; measurements, length 3 inches, breadth 1¾ inches, thickness ¾ inch. Bladder nearly filled with urine."

Contributed by Asst. Surgeon P. F. Harvey,
Ft. Buford, Dakota T.

See Minute Section, nos. 8121 to 8124.

No. 1452 C.S.S.S.E.82. 8902

Aborted ovum; about one? month of age.

No history.

Contributed by Dr. S. G. Busey,
Washington, D.C.

Nos. 1453 C.S.S.I.I.3. 8903 and 1454 C.S.S.S.C.3. 8904

Abscess of left kidney; the suppurative process appears to have supervened upon a previously existing hydronephrosis; ~~resulting from obliteration of the ureter~~; the ureter is patulous so far as shown in the specimen. The kidney is 6½ inches long and converted into a series of sacculi; capsule much thickened.

Bladder containing a soft phosphatic concretion, which consists of phosphate and carbonate of lime and uric acid held together by a stringy mass of pus and mucus; it is quite soft but gritty to the touch. The bladder is shrunken, the prostate somewhat enlarged.

Corporal John Corbett, "H", 12th. Infantry.

who died September 8, 1878.

Autopsy 19 hours after death; rigor mortis well-marked; body considerably emaciated; bedsore upon left hip.

Upon opening the cavity of the abdomen, a large quantity of greenish water flowed out which was supposed to be urine [serum?] but it lacked the odor of that excretion. The peritoneum and intestines were covered with a flaky lymph. After removing the liquid mentioned, a great quantity of pus was discovered in the abdomen. A dense white tissue was seen on the left side, which extended from just below the diaphragm into the pelvic cavity, enclosing the left kidney and upon the surface of this at its lower part was seen an ulceration from which thick yellow pus welled up. This mass enclosing the left kidney formed quite a prominence in the left side of the abdomen. The left kidney was removed and on pressure pus flowed from it through the cut extremity of the ureter. Owing to adhesions the ureter was not traced out in its course from the kidney to the bladder. The bladder was removed; it appeared to be contracted and thickened; upon section it was found to contain a mass of concretions which was attached to the posterior wall of the cavity. The right kidney was normal except that it was slightly hypertrophied.

The other organs were not examined.

Contributed by Acty. Asst. Surgeon Henry L. Haskin, Camp Halleck, Nevada.

Nos. Portion of ileum taken about 18 inches above the ileo-coecal valve showing a Peyer's patch in a nearly normal condition. This specimen has been preserved to show how nearly those of the Peyer's patches which have escaped the ulcerative process have recovered their normal condition.

1455. C.4.5.3.G.30. 8905

1456. C.4.5.3.G.31. 8906 Portion of ileum taken a few inches lower down with several perforations, the largest of which has been accidentally somewhat enlarged by tearing in removing the specimen.

and 1457. C.4.5.3.G.32. 8907 Lower end of ileum, with part of caecum and vermiform appendix attached, showing extensive ulceration.

All the pieces are plastered with lymph on the peritoneal surface.

Musician Jacob Tschan, German, age 17, 3d, 18th. Infantry, slight frame and delicate health had been in hospital several times during the year with intermitting fever accompanied by dyspepsia and neuralgic pains; was of temperate habits and had not contracted syphilis. Was admitted to hospital September 15th. with typhoid fever. The patient had had a slight chill and the usual preliminary symptoms of this disease for several days previous and on admission his temperature was 104° F.

The disease ran a moderately severe course with the most of the characteristic symptoms but there was no troublesome diarrhoea, no tenderness over the abdomen and not the least appearance of tympanites of the bowels until October 5th. when convalescence seemed almost at hand. On that date however the temperature fell to 97° F. and the patient was suddenly seized with a severe pain in the epigastric region. The pain abated after a time but recurred with greater intensity

that night and the following day and occasionally thereafter and was accompanied by symptoms of great prostration and restlessness, vomiting, diarrhoea and emaciation and finally delirium and death at 9.40 O'clock P.M. October 11th.

The accompanying chart shows the temperature throughout and also the effects produced by immersion baths, several of which were used. In the treatment the greatest attention was paid to the nursing, feeding and general comfort of the patient day and night. The remedial agent consisted in the moderate use of quinine and whisky, an occasional dose of hydrate of chloral, foot, sponge and immersion baths.

Post mortem 12 hours after death; body stiff and extremely emaciated; extensive inflammation of the peritoneum with adhesions in the lumbar and pelvic regions on the right side and between the convolutions of the bowels. Six ounces of pus in the pelvic cavity. A perforated point in the ileum presented in the right iliac region. The lower portion of the ileum removed and being opened was found dotted with numerous large and small ulcerations four of which had completely perforated the coats of the bowel in one large and three smaller openings. The liver was rather large and the gall bladder full but in healthy condition. The kidneys, spleen, lungs, heart &c, presented nothing abnormal. Brain and spinal cord not examined.

Contributed by Surg. W. H. Forwood,
McPherson Barracks, Ga.

No 1458 C.2.S.2.C.38. 8908 Aneurism of arch of aorta.

"John Johnson, age 51, late a private, 4th. U.S. Artillery and a resident of this Institution for about 10 years, presented himself for treatment of oppression of breathing October 22, 1878. On examination it was found that he was suffering from aneurism of the ascending aorta, the pulsations of which were plainly seen between the 1st. and 2nd. ribs of the right side. The patient states that for about six months he had had some cough and slight pain in the chest but that he had thought but little of it and had continued his work (labour on the road) until this time when the new symptom dyspnoea became prominent. From this time he became rapidly worse and suffered paroxysmal attacks of suffocation. He died November 5th. by asphyxia.

"A post mortem examination made 12 hours after death showed an aneurism of the ascending aorta which had become slightly adherent to the left lung. It laid across the trachea and branches of the trachea at their bifurcation at the root of the lung. The entire right lung was solidly hepatized with the exception of a small part of the apex. The heart was found larger than normal with hypertrophy of the left ventricle."

Contributed by Surg. D. L. Huntington,
Barnes Hospital, Washington, D.C.

1459 C.S. no. 54. 8909 Anencephalous foetus about the fourth month, with open spinal column, double hare-lip and extroversion of viscera.

Dr. J. J. Johnson presented a specimen of

monstrosity. [See Transactions, (mss.) of Medical Society of District of Columbia, Vol. VI, pp. 36 and 37.] There was cleft palate and double harelip; also failure of closure of vertebral plates; a large umbilical hernia containing the liver and other portions of the contents of the abdomen; there also had been numerous cysts upon the surface of the ligues amnii.

"The mother was suddenly taken ill this morning, November 13. 1878, while in the back room, with a profuse uterine hemorrhage, so much so, that he did not dare to remove her, but let her lie upon the floor, where she was finally delivered. She rallied in a couple of hours under laudanum and strong coffee and was now doing well. Thought that a good deal of amniotic fluid was mixed with the blood, yet he scooped up from the floor a chamberfull of blood and the patients clothing was saturated with it. She believed herself to be in the fourth month of pregnancy but looked like a woman 7 or 8 months pregnant; had felt however no movement until her third month; doubted whether she was pregnant at all, having had none of the usual symptoms, such as nausea, etc. Had however felt curiously all along, having a presentiment that something would happen to her."

"Description by Dr. Lamb. ~~[illegible]~~ Classification of St. Hilaire. Unitary monster. Order Autosites. Tribe 3. Family: Anencephalus. Genus 2.

"No brain; no spinal cord; present the orbital plate of frontal, ethmoid, sphenoid; rudimentary temporal; rudimentary occipital; spinal column bifid in whole extent; cervical portion deformed; the usual integumentary covering of cranium and spinal column absent and substituted by a membrane.

"Face: cleft palate; harelip on left side; left nasal cavity forming a common cavity with the mouth.

"Thorax contained lungs; heart displaced into abdominal cavity, distinct however from abdominal viscera.

"Abdomen; viscera eventrated, covered by a membrane. On opening the sac, found liver, spleen and intestines and what appeared to be rudimentary kidneys. Ureters in pelvis. External organs of generation (female) normal. Placenta showed some cystic degeneration of chorion villi."

Contributed by Dr. J. J. Johnson,
Washington, D.C.

NLM. 1460 6.6.S.2,35 is a copy of 1461 and is withdrawn.

8805. casts from a case of arthritis deformans. No 1460 8910
1460. presents the palmar surfaces of both hands. C.6.S.2.35.
1461 The dorsal surfaces of both hands. 8911 C.6.S.2.36.
1462 The lower extremities. 8912 C.6.S.2.37.

Mrs. Williams, age 76, died November 13. 1878 of phthisis pulmonalis of 10 years duration. There was arthritis deformans affecting the extremities. The right radius and left ulna were dislocated at their carpal articulation. Fingers of both hands showed dislocations and anchyloses at metacarpo phalangeal and phalangeal joints. Knee joints enlarged; patella abnormally near the outer margin, the greatest enlargement being of the inner part of the joint. Legs emaciated, which increased the apparent enlargement of knee joint; they were semi flexed and rotated outward. Metatarso phalangeal and phalangeal joints very similar

to the corresponding joints of the hand; the dislocation was especially upwards, the contraction of the extensor tendons being marked. Ankle joint in partial permanent extension.

The disease appeared first in 1859 in one thumb. In 1872 nearly all the joints of the extremities had become affected by the disease. In 1875 the right hip was broken but rapidly reunited.

Contributed by Dr. S. L. Loomis,
Washington, D.C.

No. 1463. C.2.S.2.B.9. 8913

Calcareous degeneration of aorta abdominalis and its branches especially pronounced in the splenic artery. Spleen small.

Mrs. Sophie Aigler, white, age 76, died January 3. 1879 of dropsy. Autopsy 36 hours after death. Oedema affecting the left side of the body and the right side up to the waist. A large patch of gangrene on left knee. Lungs oedematous and pleural cavities contained much serum. Ascending aorta slightly atheromatous; abdominal aorta and branches presented calcareous deposits. Autopsy imperfectly performed because of extremely severe cold weather.

Contributed by Dr. D.S. Lamb,
Washington, D.C.

No. 8914 1464. C.1.S.2.D.4.

New formation of bone in falx major.

From a colored man, age about 40, who died in January 1879 at Freedman's Hospital.

Contributed by Dr. D.S. Lamb
Washington, D.C.

No. 1465 C.2.S.2.D.39. 8915

Aneurism of the arch of the aorta.

History by Actg. Apt. Surg. J. S. Martin: "Private Richard Graham, company "M", 8th. Cavalry has been under treatment since about the middle of December, 1875 for aneurism of the aorta. On the 19th. day of May he was taken with pneumonia of right lung and died suddenly at 11.30 a.m. May 22. [1876].

"Autopsy next day: the right lung was very much congested throughout; left slightly congested at apex. A large aneurismal tumor was found at right side of sternum over 2nd. and 3rd. ribs in ascending aorta, right and anterior aspect. This sac was closely adherent to the anterior wall of the thorax and had absorbed a considerable portion of the second rib, and partially dislocated the rib at the sternal extremity. The aorta was enlarged a short distance from the aortic opening, but the aneurismal sac proper was without the pericardium. The arch was much enlarged also, and the aneurism may properly be said to embrace both the ascending and transverse portions. The internal and middle or muscular coats were almost entirely obliterated in the anterior wall of the aneurism. There was no rupture of the sac, and in my opinion the immediate cause of death was paralysis of the heart caused by the aortic lesion involving obstruction and regurgitation through the aortic opening into the ventricle."

The Monthly Report of December 1875 says: "The case of hypertrophy of heart remaining under treatment from last month has since developed into aneurism of the aorta."

Contributed by Apt. Surg. Wm. H. Gardner,
Fort Union, New Mexico.

No. 1466. C.S. no. 55. 8916

Cranium of a hydrocephalic infant opened to show the rudimentary brain structure.

"The child, a female mulatto, lived 14 days, death ensuing from convulsions. . . . . the dura mater and pia mater seemed to be whole; the latter was lying loose in cavity of cranium, the falx cerebri being in situ and somewhat attenuated. Of the cerebrum there was present the corpora striata and optic thalami, (smaller than usual,) and remaining portion of base of the brain; the remnants of anterior and posterior lobes of right side and anterior and middle lobes of left were also to be seen. The cerebellum was apparently normal, its tense fold seeming to have resisted the undue fluid pressure. The extreme absorption of brain substance presented in this case, and the fact that the child lived at all, may be classed among the most singular anomalies of nature." From the National Medical Review, Vol. 1. 1879, page 158.

Contributed by Drs. J. F. Hartigan & D. L. Patterson.
Washington, D.C.

See Micros. Section, nos. 8133 to 8137, normal thymus gland.

No. 1467. C.S.S.4.C.7. 8917

Bladder with enlarged prostate. The considerable enlargement of the third lobe obstructed the flow of urine, rendering catheterization necessary.

William Miles, age about 74, was admitted to Freedman's hospital February 2nd. 1879 and died February 22nd. He was said to have had hematuria.

Autopsy; slight rigor mortis; brain normal; lungs healthy; heart 12 oz. weight, normal except an apparent thickening of wall of left

ventricle; aorta atheromatous. Liver very soft, weighed 52 ounces. Spleen weighed 12 oz. Kidneys presented minute pyaemic infarctions and cysts. Bladder thickened; mucous membrane presented a number of points of ulceration. Prostate gland much enlarged forming a pyramidal prominence in the base of the bladder.

Contributed by Dr. D.S. Lamb
Washington, D.C.

See Microscopical Section, nos. 8016 to 8019, prostate, and " 8021 to 8024, kidney.

No. 1468 C.4.S.3.0.9. 8914

Perforating ulcer of duodenum.

History by Dr. J. W. Little: "Wm. T. B—, white, age 20, gardener, weight 130 pounds, spare habit, complexion sallow. In 1876 fell from tree, bruising himself generally but leaving no permanent pain or trouble. Has had several attacks of prostration from hot weather in past three years. Lately, has had slight nausea with some uneasiness in stomach and occasional vomiting of a little water brash [?]. For a year or two past has had to void urine rather frequently; But none of these troubles were sufficient to attract particular notice, did not interfere with his usual employment or impair his appetite. On Friday, Feb. 22nd of the present year, he had considerable pain in his stomach after retiring to bed, which wore off however before morning, when he arose as usual, had light meal and went to work and remained in the field until dinner, 12 M., of which he partook moderately but shortly after was taken with severe pain in stomach and bowels, and sent to the Physicians at Insane Asylum for something to

relieve him. The medicine sent produced vomiting but did not relieve the pain and I was called at 3 P. M, Saturday, Feb. 23rd. and found patient sitting in chair and complaining of great pain in bowels, particularly over hypogastrium; said he had experienced slight chill and had taken foot bath. Pulse 80; respiration easy; bowels constipated; tongue yellow and eyes rather yellowish. Thinking the pain might be due to indigestion I ordered warm mustard draught which was shortly returned mixed with a little food. The pain not being relieved, sprinkled ½ grain morphia on his tongue, which gave some relief in about 15 minutes; ordered him to repeat same dose of morphia in an hour if not better; left him, after giving instructions to take cathartic in evening before going to bed, and also to inform me in morning, especially if fever supervened. Was called again at 3 P. M. Sunday, 24th. Feb., just 24 hours from first call; learned he had taken one grain morphia after I had left him and three compound cathartic pills at bedtime and rested pretty well during the night, but was attacked with pain in morning, frequent desire to micturate and passing but little urine containing blood. He was lying on his back, knees unflexed; countenance anxious; skin bathed in perspiration, with a pulse of 160 or more, and very weak; abdominal muscles retracted and very painful to touch. Ordered stimulants and gave stimulating injections (the piles had not operated) and applied hot cloths to abdomen; the mind was clear; but, as I saw he was rapidly sinking, considered it useless to attempt further treatment, so left him to death which took place at about 7 P. M., about 30 hours after

he was taken ill.

"Post mortem performed by kindness of Dr. Kartigan, showed the stomach to be collapsed, and upon examination revealed large transverse ulcer which had perforated the duodenum near the pyloric orifice; the bladder healthy but empty; kidneys highly congested; slight deposit of lymph over anterior portion of large intestines; a pint or more of stomach ingesta was contained in abdominal cavity."

Contributed by Dr. J. F. Kartigan,
Washington, D.C.

No. 1469 C.4.S.3.E.141. 8919 Extensive sloughing of colon; diphtheritic dysentery.

Corporal Ernest Stockman, "F", 10th. Infantry, died of acute dysentery August 17, 1878. Post mortem examination four hours after death showed inflammation throughout the whole of the large intestine. The disease had advanced to that degree that the colon was softened and almost gangrenous and could not be handled without rupture.

Contributed by Asst. Surg. C. B. Byrne,
Fort Duncan, Texas.

No. 1470. C.4.S.3.S.1. 8920 Portion of ileum exhibiting a transverse cicatrix which was situated about three feet above the ileo-coecal valve and which produced fatal intestinal obstruction. The small intestine above the cicatrix is seen in specimen to be considerably dilated.

Matthew Coates, mulatto, age about 30, was admitted to Freedman's hospital, Washington, D.C. March 26.1879. Died two hours after admission.

Autopsy 38 hours after death; Rigor mortis marked; abdomen distended; left lateral curvature of spine, dorsal region.

Lungs and heart apparently normal.

Bloody, focal matter in small quantity in the abdomen; no lymph; there was some hyperaemia of the peritoneal coat of the small intestine; the folds of the small intestine were much distended with semi-fluid feces; the distension ceased suddenly at an apparent constriction in one of the folds lying in the left lumbar region, the intestine beyond that line being contracted; left inguinal canal distended into a pouch 5 inches in length by 2 in breadth; the internal ring was nearly an inch in diameter; one of the convolutions near and to the right side of the umbilicus presented a perforation about 3/4 inch in diameter, through which feces were exuding. This perforation may have been artificial. On opening the small intestine and clearing away the feces, the mucous coat with its follicles and patches appeared to be softened but otherwise normal. The perforation mentioned was about six feet from the pylorus. About three feet above the ileo-coecal valve was the constriction mentioned and appeared as a yellowish white band, a few lines in diameter encircling the intestine and involving all the coats. Below this line the contracted intestine as well as its mesentery down to near the ileocoecal valve was dark purple in color and had probably constituted the hernial folds. The liver weighed

41 oz.; its capsule presented cicatrices. The spleen was shrunken and weighed about one ounce.

Contributed by Dr. D. S. Lamb,
Washington, D.C.

No. 1471 C.4.S.3.E.7a 88 21

Ileocoecal valve with portion of caecum attached, showing thickening and ulceration of Peyer's patches and the solitary follicles.

Private Franklin Mull, co. K, 8th. Cavalry, was admitted into hospital October 23.1878, when he returned from a scout with his company, having suffered from certain intermittent fever while in the field. After his admission the disease assumed a remittent type and for two weeks continued so mild, that he was not required to continue in bed. This is the only instance during my service here of an intermittent becoming a remittent or typho-malarial fever. His temperature during that time was rarely higher than 100° in the afternoon and normal in the morning. On November 4th. it rose to 103° in the afternoon, though the patient felt but little discomfort and was not conscious of having fever. His bowels continued constipated, requiring a cathartic to produce an evacuation up to the 15th. inst; when he had a large hemorrhage from the bowels, which recurred at intervals of from 6 to 24 hours until he died exhausted on the morning of the 18th. There was no tenderness on pressure, or gurgling in the right iliac region, either before the hemorrhages occurred or during their continuance. Special attention was directed to this as in another case, previously treated, the pathology was out of keeping

with the symptoms observed during life, and it proves to be the same in this case.

Post mortem examination made six hours after death: Body emaciated. No evidences whatever of peritoneal inflammation. Stomach and upper portion of small bowels healthy. In lower portion of ileum, the solitary lymphoid follicles were enlarged and some of them ulcerated. Peyer's patches extensively ulcerated, many of them presenting a large sphacelus extending over the whole patch, and in other portions had been removed leaving a deep excavation. The solitary glands of the large intestines were enlarged throughout the greater portion of the colon but the morbid process had not extended to ulceration. Liver bronzed. Spleen somewhat enlarged and softened. Kidneys normal. No examination made of other viscera.

Contributed by Asst. Surg. W. S. Waters,
Fort Clark, Texas.

Nos. 8922. 1472. C.4.S./3.I.107. Portion of ileum taken about three feet above the ileo-coecal valve, showing a thickened Peyer's patch and enlarged solitary follicles.

8923 1473 C.4.S./3.I.108. Portion of the same ileum taken immediately above the valve, with more advanced typhoid lesions.

8924 and 1474 C.4.S./3.I.109. Portion of the colon of the same patient showing marked enlargement of the solitary follicles, most of which are ulcerated at the apices of the little tumors formed.

Geo. E. Burrows, cs. "E", 20th. Infantry, on duty in dispensary of the hospital, was taken sick August 20. 1878. He complained of persistent

headache which disturbed his sleep. His bowels were at first constipated, but subsequently a persistent diarrhoea set in, which resisted all efforts to control it towards the end of the disease; discharges watery and contained shreds of mucous membrane [?]. Temperature ranged from 99° in the morning to 102° in the evening during the first week, and afterwards from 101° in the morning to 103½° in the evening. The persistent headache referred to continued throughout the attack, though his intellectual faculties were unimpaired, nor was there any tendency to coma or stupor. There was during life no symptom that pointed to the extensive disease of the bowels that will be seen in the specimen other than the diarrhoea late in the disease. There was no tenderness on pressure over the diseased ileum or colon, no gurgling, no tympanites, no rose colored spots or sudamina. Quinine had but little effect in controlling the temperature. It was administered in 30 grain doses in the high febrile exacerbations and during the remissions in single doses of 10 grains some days and on others in doses of 5 grains combined with dilute hydrochloric acid every 3 or 4 hours. The case assumed the adynamic type in the second week. The stronger alcoholic stimulants could not be given because of the peculiarly unpleasant effect, but sherry was well borne. There were large liquid evacuations from the bowels similar in appearance to the discharge of entero-colitis in infants. There was no haemorrhage from the bowels at any time.

Post mortem examination six hours after death: Considerable fatty tissue in at-

dominal walls and in the omentum. Slight congestion of stomach and duodenum. Lymphoid follicles of upper portion of ileum in places enlarged, and some of them ulcerated, but not generally in a pathological condition; very general tumefaction and ulceration of Peyer's patches particularly in lower portion of ileum; the elevation of these structures and the greyish color of the ulcerations were much more marked at the time of removal from the body than they now appear after soaking a long time in alcohol. Extensive ~~involvement~~ involvement of the follicles of the large bowels; throughout nearly the entire colon the surface of the mucous membrane was studded with the enlarged glands as seen in the specimen, some of them simply hypertrophied, others with an umbilicated depression and others ulcerated. The mesenteric glands enlarged and considerable thickening of mesentery in the region of the ileo-coecal valve. Spleen enlarged, filled with blood and friable. Liver shows absence of the mottled appearance of the healthy organ and a general bronzed hue of the cut surface. Kidney normal. No examination of other viscera.

Contributed by Apt. Surg. W. E. Waters,
Fort Clark, Texas.

Nos. 8925
1475
C.S.S.3.A.10. Bladder with penis attached, showing a stricture of urethra and hypertrophy of the coats of the bladder.

and Left.
1476 Kidney in a condition of hydronephrosis with
C.S.S.3.A.11. dilated ureter. From the same case.
4926

An unknown man, probably 60 years of

age, was brought to Fort Clark June 15, 1878 in a state of profound coma with stertorous breathing, probably from uraemic poisoning. I could get no history of the case further than that he had suffered from retention of urine, and had been taken to the adjacent town of Brackettsville, where a druggist had lacerated the urethra in attempting to pass a catheter. His bladder was much distended; I could not introduce a catheter but aspirated over the pubis and drew off a quart of urine, turbid with mucus from the coats of the bladder. He could not be aroused from the state of stupor he was in when brought to the Post, and died a few hours after he was admitted into hospital.

The post mortem examination made a few hours after death revealed a firm organic stricture of the spongy portion of the urethra and another in the lower part of the membranous portion. Behind the latter stricture was a large abscess which distended the under surface of the root of the penis and the perineum, and being confined by the superficial perineal fascia so as to render the parts extremely tense, felling like cartilaginous substance. The coats of the bladder are thickened and its inner surface presents a very marked columniform or ribbed aspect arising from hypertrophy of the muscular tissue. The ureters are enlarged and the pelves of the kidneys distended as well as the infundibula and calyces.

Contributed by Apt. Surg. W. E. Waters,
Fort Clark, Texas.

No. 1477 8927 Aneurism of arch of aorta.

See Volume III.

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